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National Drug Control Strategy

September 1989

The White House

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National Drug Control Strategy

September 1989

The White House

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THE WHITE HOUSE
WASHINGTON

September 5, 1989

Dear Mr. Speaker:

Consistent with section 1005 of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 1504), I am today pleased to transmit my Administration's 1989 National Drug Control Strategy for congressional consideration and action.

This report is the product of an unprecedented national effort over many months. America's fight against epidemic illegal drug use cannot be won on any single front alone; it must be waged everywhere -- at every level of Federal, State, and local government and by every citizen in every community across the country. Accordingly, we have conducted a thorough, intensive, and unflinching review of Federal anti-drug efforts to date. And we have solicited advice and recommendations from hundreds of interested and involved anti-drug leaders outside the Federal Government. The result is a comprehensive blueprint for new direction and effort -- and for success in the near- and long-term future.

I am especially grateful for the valuable contributions made during this process by Members of the Congress, with whom we consulted broadly as our strategy was being conceived and formulated these past 6 months. I ask that this spirit of bipartisan cooperation now be extended to the difficult but necessary work that lies ahead: full swift funding and implementation of the many proposals and initiatives contained in this report. On behalf of those Americans most directly suffering from the scourge of drugs -- and all the many more who must be further protected from it -- I ask for your help and support.

Sincerely,

George Bush

The Honorable Thomas S. Foley
Speaker of the
House of Representatives
Washington, D.C. 20515

Identical letter sent to the President of the Senate.

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Introduction

In late July of this year, the Federal government's National Institute on Drug Abuse (NIDA) released the results of its ninth periodic National Household Survey on Drug Abuse — the first such comprehensive, national study of drug use patterns since 1985. Much of the news in NIDA's report was dramatic and startling. The estimated number of Americans using *any* illegal drug on a "current" basis (in other words, at least once in the 30-day period preceding the survey) has dropped 37 percent: from 23 million in 1985 to 14.5 million last year. Current use of the two most common illegal substances — marijuana and cocaine — is down 36 and 48 percent respectively.

This is all good news — very good news. But it is also, at first glance, difficult to square with commonsense perceptions. Most Americans remain firmly convinced that drugs represent the gravest present threat to our national well-being — and with good reason. Because a wealth of other, up-to-date evidence suggests that our drug problem is getting worse, not better.

Crime. Fear of drugs and attendant crime are at an all-time high. Rates of drug-related homicide continue to rise — sometimes alarmingly — in cities across the country. Felony drug convictions now account for the single largest and fastest growing sector of the Federal prison population. Three-fourths of all robberies and half of all felony assaults committed by young people (statistically, the most crime-prone age group) now involve drug users. Reports of bystander deaths due to drug-related gunfights and drive-by shootings continue to climb.

Health. The threat drugs pose to American public health has never been greater. Intravenous drug use is now the single largest source of new HIV/AIDS virus infections, and perhaps one-half of all AIDS deaths are drug-related. The number of drug-related emergency hospital admissions increased by 121 percent between 1985 and 1988. As many

as 200,000 babies are born each year to mothers who use drugs. Many of these infants suffer low birth weight, severe and often permanent mental and physical dysfunction or impairment, or signs of actual drug dependence. Many other such babies — born many weeks or months premature — do not survive past infancy.

The Economy. Drug trafficking, distribution, and sales in America have become a vast, economically debilitating black market. One U.S. Chamber of Commerce estimate puts annual gross drug sales at $110 billion — more than our total gross agricultural income, and more than double the profits enjoyed by all the *Fortune* 500 companies combined. Such figures cannot truly be calculated with any real precision, but it is all too clear that drug use acts as a direct and painful brake on American competitiveness. One study reports that on-the-job drug use alone costs American industry and business $60 billion a year in lost productivity and drug-related accidents.

Overseas. In Southeast and West Asia, South and Central America, and the Caribbean Basin, drug exporting networks and domestic drug use are causing serious social, economic, and political disruptions. Intense drug-inspired violence or official corruption have plagued a number of Latin American countries for years; in more than one of them, drug cartel operations and associated local insurgencies are a real and present danger to democratic institutions, national economies, and basic civil order. In Pakistan, the number of heroin addicts has more than tripled in the past four years alone. And so, because our national security directly depends on regional stability throughout the Americas and across the globe, drugs have become a major concern of U.S. foreign policy.

Availability. Finally, undeniably, the fact remains that here in the United States, in every State — in our cities, in our suburbs, in our rural communities — drugs are potent, drugs are cheap, and drugs are available to almost anyone who wants them.

Insofar as this crisis is the product of individual choices to take or refuse drugs, it has been — and continues to be — a crisis of national character, affecting and affected by the myriad social structures and agencies that help shape individual American lives: our families, our schools, our churches and community organizations, even our broadest messages to one another through popular culture and the media. At least in part, NIDA's most recent Household Survey is proof that grassroots America can meet the challenge of drugs, and meet it well.

Not so long ago, drug use was an activity widely thought of as harmless fun or isolated self-indulgence. Today it is seen — just as widely, and far more accurately — to be a personal, social, medical, and economic catastrophe. In less than a decade, parents, educators,

students, clergy, and local leaders across the country have changed and hardened American opinion about drugs. The effectiveness of their activism is now largely vindicated. Despite the persistent widespread availability of illegal drugs, many millions of Americans who once used them regularly appear to have recently given them up altogether. Many others — young people for the most part — have been successfully induced not to try drugs in the first place.

What, then, accounts for the intensifying drug-related chaos that we see every day in our newspapers and on television? One word explains much of it. That word is *crack*.

Cocaine in Our Cities

For all its welcome good news, the NIDA Household Survey also brings us terrible proof that our current drug epidemic has far from run its course. Estimated "frequent" use of cocaine in any form (measured by the number of survey respondents who report ingesting that drug one or more times each week, and calculated as a percentage of the total cocaine-using population) has doubled since 1985. Not coincidentally, 1985 was the first year in which crack became an almost ubiquitous feature of American inner-city life. It is an inexpensive, extremely potent, fast-acting derivative of cocaine with a limited-duration "high" that encourages compulsive use. It is, in fact, the most dangerous and quickly addictive drug known to man.

Crack is responsible for the fact that vast patches of the American urban landscape are rapidly deteriorating beyond effective control by civil authorities. Crack is responsible for the explosion in recent drug-related medical emergencies — a 28-fold increase in hospital admissions involving smoked cocaine since 1984. Crack use is increasingly responsible for the continued marketing success enjoyed by a huge international cocaine trafficking industry, with all its consequential evils. And crack use is spreading — like a plague.

We seem to be witnessing a common and tragic phenomenon of drug-use epidemiology. Interest in a given illegal substance often begins first among a particular — usually elite — segment of the population. It is next picked up and spread more broadly through so-called "casual use" in the mainstream middle class. After a time, the drug's dangers are made widely known through public health advisories or painful personal experience, and mainstream use then drops sharply. But the drug continues to slide further down the socio-economic scale, and its chronic or addictive use eventually becomes concentrated among the most vulnerable of our citizens: young, disadvantaged, inner-city residents.

So it is now with cocaine. We must be extremely careful with our new statistics, of course, lest they limit and distort either public thinking about the drug problem or public policy that such thinking will do much to shape. Demographics are not destiny. In 1985, a current cocaine user was likely to be white, male, a high-school graduate, employed full-time, and living in a small metropolitan area or suburb in the western United States. Except that he has now moved to the Northeast, the profile of this "median" current cocaine user remains essentially unchanged today.

No inevitable link exists between urban life — however disadvantaged — and drug use. The majority of American city residents — rich or poor; male or female; black, white, or Hispanic; well- or poorly-educated — do not take drugs. And far too many Americans outside our cities do. Our drug problem remains acute, it remains national in scope and size, and it continues to involve drugs of every sort. No effective anti-drug campaign can ignore our current epidemic's full complexity.

Nevertheless, the epidemiological trend is unmistakable. We are now fighting two drug wars, not just one. The first and easiest is against "casual" use of drugs by many Americans, and we are winning it. The other, much more difficult war is against addiction to cocaine. And on this second front, increasingly located in our cities, we are losing — badly.

Few American communities can afford to assume they are immune to cocaine. The drug black market has proved itself remarkably flexible and creative. Crack is an innovation in cocaine retailing that takes uncanny advantage of the nation's changing drug use patterns. And because it is so horribly seductive and "new," it threatens to reverse the current trend and send a fresh wave of cocaine use back out of our cities and into the country at large. Indeed, to some extent at least, it is happening already: almost every week, our newspapers report a new first sighting of crack — in the rural South or in some midwestern suburb, for example.

What's more, as we guard against crack's spread, we must begin to prepare ourselves for what may well come *after* it. Almost every stimulant epidemic in history has ignited a sedative epidemic in its wake, as users begin employing chemical "downs" to modulate the peaks and valleys of addiction. With cocaine, the sedative of choice has traditionally been heroin. And here, too, the drug market has shown a genius for innovation. In the past year or so, a cheap, powerful, and instantly intoxicating form of smokable heroin — which obviates the need for intravenous needles — has begun to appear on our streets.

For now, however, our most intense and immediate problem is inner-city crack use. It is an acid that is fast corroding the hopes and

possibilities of an entire generation of disadvantaged young people. They need help. Their neighborhoods need help. A decent and responsible America must fully mobilize to provide it.

Thinking About Drugs and Public Policy

What, generally speaking, should we do? What's the best way to fight drugs and drug use? It is a broad and complicated question. It is also a question the United States has struggled with inconclusively for many decades.

Facing understandable public outrage and alarm over the terrible consequences of widespread drug use, Federal, State, and local governments have repeatedly sought to concentrate dramatic responsive action against one or another point on the drug-problem continuum: first through law enforcement; later through a combination of education and treatment efforts; and most recently through heavy emphasis on interdiction of imported drugs at our borders.

Conceived largely as an end in itself, each of these national initiatives has succeeded — in a limited but worthy sphere. We have had, in slow succession, more law enforcement, more education and treatment, and more interdiction. But through it all, undeniably, our national drug problem has persisted. Until late July, convincing evidence of dramatic forward progress was painfully scarce. Indeed, until late July, most evidence continued to suggest that the United States was at best only just beginning to recover from the worst epidemic of illegal drug use in its history — more severe than the heroin scare of the late 1960s and early 1970s; far more severe, in fact, than any ever experienced by an industrialized nation.

The new Household Survey changes our picture of the drug problem a bit, making it more precise and comprehensible. But it does not change the lesson that must be learned from all our many years of experience in the fight. That lesson is clear and simple: no *single* tactic — pursued alone or to the detriment of other possible and valuable initiatives — can work to contain or reduce drug use. No single tactic can justly claim credit for recent reductions in most use of most drugs by most Americans. And no single tactic will now get us out of our appalling, deepening crisis of cocaine addiction.

Unfortunately, however, the search for such a tactic still consumes the bulk of American public energy and debate about drugs. Two radically opposed strains of thought are principally at issue in this unavailing search. Each, interestingly enough, casts unfair aspersions on the skill and utility of our law enforcement agencies and their officers — the first by complaining that law enforcement doesn't work at all and should be junked; the second by complaining that law enforcement

doesn't work enough and should be the focus of all our future effort. Each of these positions, in turn, is incomplete and therefore misguided.

Most Americans correctly view drugs as a personal tragedy for those who use them. Most Americans are eager to provide drug users with the medical attention that can help them stop, and young people with the social and educational training that can help prevent them from starting in the first place. Neither goal is a primary concern of law enforcement. So does it then follow that we should undertake a massive shift of emphasis away from drug enforcement and toward, instead, treatment for addicts and counseling for students?

Some people think so. Consider the argument in its starkest and most extreme form. Hardly a week goes by these days in which some serious forum or other — a national news magazine, for example, or the opinion page of a major newspaper, or a scholarly conference or television panel discussion — fails to give solemn consideration to the advocacy of wholesale drug legalization. Legalization's proponents generally say something like this: Enforcing our many laws against drugs is a terribly expensive and difficult business. Were we to repeal those laws, drug-related crime would vanish, and the time and money saved in reduced law enforcement could be more effectively spent on health care for addicts, and on preventive instruction for the rest of us.

Exactly how under this scenario we could convincingly warn potential new users about the evils of drugs — having just made them legally acceptable — is not entirely clear. Nor is it clear how an already overburdened treatment system could possibly respond to what candid legalization proponents themselves admit would probably be a sharply increased rate of overall drug use. The cost of drugs — measured in purchase price, the time it takes to search them out, and the risks involved due to unreliable "quality" and legal sanction — is a key predictor of drug use. Cheaper, easier-to-get, and "better" legalized drugs would likely mean more drug users and more frequent drug use.

And would legalization actually reduce crime? Crimes committed by addicts to pay for their habits might theoretically decline a bit. But since addicts use drugs — especially cocaine — as often as they can, less expensive drugs might just as well mean more frequent purchases and a still-constant need for cash-producing burglaries and robberies. What's more, since cocaine use is known to produce dangerous behavioral side-effects — paranoia, irritability, and quick resort to violence on minimal provocation — legalization might also entail an increase in more serious crime by addicts.

Drug traffickers, by contrast, are involved in crime for profit alone. An average gram of cocaine now sells for $60 to $80. The free-market price would be roughly 5 percent of that — $3 or $4. If legalized drug

sales were heavily regulated and taxed to restrict availability and maximize government revenue, then a gram of cocaine might sell for $30 or $40. In that case, criminal organizations could still undercut legal prices and turn a substantial profit. In truth, to destroy the cocaine black market entirely, we would probably have to make the drug legally available at not much more than $10 a gram. And then an average dose of cocaine would cost about 50 cents — well within the lunch-money budget of the average American elementary school student.

In short, legalizing drugs would be an unqualified national disaster. In fact, *any* significant relaxation of drug enforcement — for whatever reason, however well-intentioned — would promise more use, more crime, and more trouble for desparately needed treatment and education efforts.

None of this is to suggest that stronger and better coordinated law enforcement *alone* is an answer to the drug problem, though this view, too, has its many adherents. In the teeth of a crisis — especially one which has for so long appeared to spiral wildly out of control — we naturally look for villains. We need not look far; there are plenty of them. Anyone who sells drugs — and (to a great if poorly understood extent) anyone who uses them — is involved in an international criminal enterprise that is killing thousands of Americans each year. For the worst and most brutal drug gangsters, the death penalty is an appropriate sentence of honest justice. And for the multitude of crimes associated with trafficking and use, many of the other tough and coherently punitive anti-drug measures proposed in recent years have their place and should be employed.

We should be tough on drugs — much tougher than we are now. Our badly imbalanced criminal justice system, already groaning under the weight of current drug cases, should be rationalized and significantly expanded. But we cannot afford to delude ourselves that drug use is an exclusively criminal issue. Whatever else it does, drug use degrades human character, and a purposeful, self-governing society ignores its people's character at great peril. Drug users make inattentive parents, bad neighbors, poor students, and unreliable employees — quite apart from their common involvement in criminal activity. Legal sanctions may help to deter drug use, and they can be used to direct some drug users to needed treatment. But locking up millions of drug users will not by itself make them healthy and responsible citizens.

Few people better understand this fact, and the limitations of drug enforcement that it implies, than our drug enforcement officers themselves. They are regularly showered with criticism. They are said to waste time and energy in petty bureaucratic disputes and "turf battles." When they are actually in the field risking their lives in a fight whose

odds are heavily stacked against them, their every misstep and failure — however small — is nevertheless routinely held up to political and journalistic ridicule.

We do them a grave injustice. Jealousy and bickering among Federal, State, and local drug agencies make for interesting gossip, to be sure. But the plain truth is that they are not the norm. And when interagency cooperation does occasionally break down, it can usually be traced either to the overriding spirit and energy of our front-line drug enforcement officers — which we should be extremely reluctant to restrict within formal and arbitrary lines — or, more basically, to a failure of coherent policymaking in Washington.

In the too-long absence of any real national consensus about the proper overarching goal of American drug policy, the only available measure of drug enforcement success has been statistical: so many thousands of arrests, so many tons of marijuana seized, so many acres of opium poppy and coca plants destroyed. In this kind of policy vacuum, some degree of competition over "body counts" among involved enforcement agencies is almost inevitable. The real miracle is that intramural rivalries have been so relatively restrained and insignificant.

No doubt Federal, State, and local drug enforcement can and should be made tougher, more extensive, more efficient. This report offers a number of major proposals to accomplish just that. But, again, stronger and better coordinated drug enforcement *alone* is not the answer. It is a means to an end. It should not become the end itself.

We must be tough. We must be humane. And we must pursue change — in some cases, sweeping change. But before it can begin, we must get smart about the drug problem — smarter than we have been in the past.

First, we must come to terms with the drug problem in its essence: use itself. Worthy efforts to alleviate the symptoms of epidemic drug abuse — crime and disease, for example — must continue unabated. But a largely ad-hoc attack on the holes in our dike can have only an indirect and minimal effect on the flood itself. By the same token, we must avoid the easy temptation to blame our troubles first on those chronic problems of social environment — like poverty and racism — which help to breed and spread the contagion of drug use. We have been fighting such social ills for decades; that fight, too, must continue unabated. But we need not — and cannot — sit back and wait for that fight to be won for good. Too many lives will be lost in the interim. The simple problem with drugs is painfully obvious: too many Americans still use them. And so the highest priority of our drug policy must be a stubborn determination further to reduce the overall level of drug use nationwide — experimental first use, "casual" use, regular use, and addiction alike.

That said, we must be scrupulously honest about the difficulties we face — about what we can reasonably hope to accomplish, and when. People take drugs for many complicated reasons that we do not yet fully understand. But most drug users share an attitude toward their drugs that we would do well to acknowledge openly: at least at first, they find drugs intensely pleasurable. It is a hollow, degrading, and deceptive pleasure, of course, and pursuing it is an appallingly self-destructive impulse. But self-destructive behavior is a human flaw that has always been with us — and always will. And drug addiction is a particularly tenacious form of self-destruction, one which its victims very often cannot simply *choose* to correct on their own.

Last fall, an important and valuable piece of omnibus Federal drug legislation was enacted, "The Anti-Drug Abuse Act of 1988." Among its several hundred provisions was a declaration that it would be the policy of the United States Government to "create a Drug-Free America by 1995." That is an admirable goal. It is already a reality for the vast majority of Americans who have never taken an illegal drug. And government has a solemn obligation to keep those Americans — and their children after them — safe and secure from the poison of drug trafficking and drug use.

But government also has an obligation to tell the truth and act accordingly. There is no quick fix or magic bullet for individual dissipation, and policymakers should not pretend that we are on the verge of discovering one for drugs. The continued search for a single "answer" to our troubles with drugs — in law enforcement, in education and treatment, in border interdiction, or somewhere else — is a bad idea. We have bounced back and forth in emphasis this way for too long. It has not worked well. And it will hold us back in the near- and long-term future, by diverting our attention from new and serious work that can and must be done *right now*.

The United States has a broad array of tools at its disposal, in government and out, each of which — in proper combination with the others — can and does have a significant effect on the shape and size of our drug problem. We must use them all. We must have what we have never had before: a comprehensive, fully integrated national drug control strategy. It must proceed from a proper understanding of all that we do and do not know about drugs. It must take calm and intelligent measure of the strengths and limitations of specific available drug control initiatives. And it must then begin to intensify and calibrate them so that the number of Americans who still use cocaine and other illegal drugs, to the entire nation's horrible disadvantage, is — more and more as time goes by — dramatically reduced.

Drug Use: Source and Spread

Drug use takes a number of distinct forms. There are those who take a given drug just a few times — or only once — and, for whatever reason, never take it again. Others take drugs occasionally, but can and do stop, either voluntarily or under some compulsion. There may be a small number of people who use drugs regularly — even frequently — but whose lives nevertheless go on for the most part unimpeded. But there remain a large number of Americans whose involvement with drugs develops into a full-fledged addiction — a craving so intense that life becomes reduced to a sadly repetitive cycle of searching for drugs, using them, and searching for them some more.

After many years of research, we still have no reliable way to predict which drug users will follow which patterns of use, and we are just beginning to understand why some users become addicts and others do not. But we do know a good deal about how drug use begins; how it spreads from individual to individual; what addicts are like and how they behave; and what factors influence the drug marketplace in which critical transactions between dealers and users are carried out — all of which should help us decide how further to contain, prevent, treat, and reduce the prevalence of drug use nationwide.

Drug use usually starts early, in the first few years of adolescence. But notwithstanding popular mythology about shadowy, raincoated pushers corrupting young innocents on school playgrounds, children almost never *purchase* their first drug experience. Generally speaking, drug dealers still make most of their money from known, regular customers, and they still — all things being equal — prefer to avoid the risk of selling their wares to strangers, however young. Similarly, new and novice users themselves are typically reluctant to accept an unfamiliar substance from an unfamiliar face. In fact, young people rarely make *any* independent effort to seek out drugs for the first time. They don't have to; use ordinarily begins through simple personal contact with other users. Where drugs are concerned, as with so much else, young people respond most immediately and directly to the blandishments of peer pressure. And so first use invariably involves the free and enthusiastic offer of a drug by a friend.

This friend — or "carrier," in epidemiological terms — is seldom a hard-core addict. In the terminal stage of an uninterrupted drug use career, the addict is almost completely present-minded — preoccupied with finding and taking his drug; other planning and organizational skills have largely deserted him. He very often cannot maintain anything resembling a normal family or work life. Some addicts may attempt to become dealers to earn money, but most fail at this work, too, since they lack sufficient self-control to avoid consuming their own sales inventory. What's more, an addict's active enthusiasm for his drug's

euphoric high or soothing low tends significantly to recede over time; for biochemical reasons, that high or low becomes increasingly difficult to reproduce (except at risk of a lethal overdose), and drug taking becomes a mostly defensive effort to head off the unpleasant psychological effects of a "crash" — or the intensely painful physical effects of actual withdrawal.

In short, the bottomed-out addict is a mess. He makes the worst possible advertisement for new drug use. And he is not likely to have much remaining peer contact with non-users in any case, as he isolates himself in the world of addicts and dealers necessary to maintain his habit. Simply put, a true addict's drug use is not very contagious.

The non-addicted casual or regular user, however, is a very different story. He is likely to have a still-intact family, social, and work life. He is likely still to "enjoy" his drug for the pleasure it offers. And he is thus much more willing and able to proselytize his drug use — by action or example — among his remaining non-user peers, friends, and acquaintances. A non-addict's drug use, in other words, is *highly* contagious. And casual or regular use — whether ongoing or brand new — may always lead to addiction; again, we have no accurate way to predict its eventual trajectory.

These facts about drug use phenomenology are both a problem and an advantage for any intelligent national drug control campaign. Unfortunately, they mean that those specifically addict-directed efforts of law enforcement and treatment — though urgently required for neighborhood safety and reasons of simple compassion — will remain difficult, time-consuming, and labor intensive, and will promise to reduce the number of American drug users only, for the most part, on a one-by-one, case-by-case basis. They also mean that non-addicted casual and regular use remains a grave issue of national concern, despite NIDA's report of recent dramatic declines in its prevalence. Non-addicted users still comprise the vast bulk of our drug-involved population. There are many millions of them. And each represents a potential agent of infection for the non-users in his personal ambit.

But there is good news, too. Though compared to addiction, non-addicted drug behavior is the more common and contagious form, it is also more susceptible to change and improvement. The same general techniques employed to slow and mixed effect with addicts may achieve markedly better results with non-addicts. Casual and regular drug users are much more easily induced to enter treatment, for example, and they are much more likely to reduce or cease their use as a result of it.

In fact, all the basic mechanisms we use against illegal drugs — to raise their price; to restrict their availability; to intensify legal and social sanctions for their sale, purchase, and use; and to otherwise depress general demand for them — have a more immediate and positive

behavioral effect on non-addicts than on addicts. And in the search for long-term solutions to epidemic drug use, this fact works to our benefit. Any additional short-term reduction in the number of American casual or regular drug users will be a good in itself, of course. But because it is their kind of drug use that is most contagious, any further reduction in the non-addicted drug user population will also promise still greater future reductions in the number of Americans who are recruited to join their dangerous ranks.

Demand, Supply, and Strategy

It is commonly and correctly assumed that the extent of our problem with drug use can be described in terms borrowed from classical economics; that is, as a largely market function influenced by the variable "supply" of drug sellers and the variable "demand" of drug buyers. So far, so good. But it is just as commonly — and *incorrectly* — assumed that each of our many weapons against drug use can be successfully applied only to one or the other side of the supply/demand equation.

Supply reduction, by these lights, involves overseas crop eradication and associated foreign policy initiatives; interdiction of foreign-manufactured drugs at our national borders; and domestic law enforcement. For its part in this calculus, demand reduction is thought to involve medical or other treatment for current drug users; education about the dangers of drugs and techniques to resist them; and various interdisciplinary, community-based prevention efforts. Demand reduction, then, is understood to be exclusively "therapeutic," and seeks to help those in trouble — or those likely to get in trouble in the future. Supply reduction, by contrast, is understood to be exclusively "punitive," and seeks to bring stern sanctions to bear against those who grow, refine, smuggle, or distribute illegal drugs.

This division of anti-drug strategy into two rigidly independent — even opposed — tactical camps may do a good job of mirroring conflicting public sentiment about the need to be hard-headed or tender-hearted. But it makes a poor guide to policymaking and funding decisions about the drug problem, because — as the preceding pages should already have suggested — it does not do a good job of reflecting either the complicated reality of the drug market or the actual effect specific anti-drug initiatives can and do have on that market.

Granted, overseas and border activities against drugs work *primarily* to reduce supply. But they can have an important, radiating effect on demand, as well, because they make the purchase of certain imported drugs more difficult — and therefore less likely. In much the same way,

drug treatment and education work *primarily* to reduce demand, but in so doing they may encourage suppliers to scale back production and distribution in an effort to sustain consistent profits.

Domestic law enforcement is a special case. The sale and purchase of drugs are both illegal. And so our criminal justice system is obliged to ensure that neither aspect of the drug marketplace is left unpenalized and therefore undeterred. In fact, a paramount target of law enforcement activity — especially at the local level — must be the disruption of those street markets for drugs in which retail demand and supply finally meet in a combustible mix. So it stands to reason that properly conceived law enforcement cannot be meaningfully assigned to any uniquely demand- or supply-side role.

The proposed national strategy outlined in this report takes pains to avoid the artificial and counter-productive distinctions so often drawn among the various fronts necessary to a successful fight against epidemic drug use. Instead it seeks to draw each of them into full participation in a coherent, integrated, and much improved program. The next five chapters, taken together, describe a coordinated and balanced plan of attack involving all basic anti-drug initiatives and agencies: our criminal justice system; our drug treatment system; our collection of education, workplace, public awareness, and community prevention campaigns; our international policies and activities; and our efforts to interdict smuggled drugs before they cross our borders. Two subsequent chapters discuss a research and intelligence agenda designed to support and sustain this overall strategy. And Appendix A offers a series of quantified goals and measures of success — each of which this strategy, if fully implemented, can reasonably be expected to achieve.

No attempt should be made to disguise the fact that significant new resources will be required to pay for the many proposals advanced in this report. And no attempt is made here to deny that the Federal government has a major role to play in providing them. Last February, this Administration requested nearly $717 million in new drug budget authority for Fiscal Year 1990. Now, after six months of careful study, we have identified an immediate need for $1.478 billion more. With this report, the Administration is requesting FY 1990 drug budget authority totalling $7.864 billion — the largest single-year dollar increase in history. A detailed Federal implementation plan — and the budget tables to accompany it — are included in Appendix B.

Appendix C provides a package of recommended State anti-drug legislation. Appendix D discusses possible Federal designations of high intensity drug trafficking areas, as mandated in the "Anti-Drug Abuse

Act of 1988." And Appendix E proposes a plan for improved automatic data processing and information management among involved Federal drug agencies, also mandated in the 1988 Act.

Finally, an additional word of deepest gratitude is in order for the several hundred Americans listed in Appendix F. Much credit for the future, necessary success of this strategy will be due their attention, expertise, kind advice, and criticism. On behalf of President Bush — and the entire nation — I thank each and every one of them.

William J. Bennett
Director, Office of National Drug Control Policy

National Priorities

Criminal Justice Priorities

- Increased Federal funding to States and localities for street-level drug law enforcement.

- Federal funding to States for planning, developing, and implementing alternative sentencing programs for nonviolent drug offenders, including house arrest and boot camps.

- Increased Federal funding for Federal law enforcement activities (including courts, prisons, prosecutors, and law enforcement officers); and additional resources targeted on Federal money laundering investigations.

- Vigorous prosecution of and increased fines for all misdemeanor State drug offenses.

- Expanded programs to eradicate the domestic marijuana crop.

- Adoption by the States of drug-testing programs throughout their criminal justice systems: for arrestees, prisoners, parolees, and those out on bail. Adoption of such programs will be a condition for receipt of Federal criminal justice funds.

- Funding through the Department of Housing and Urban Development to establish security systems for public housing projects, including tenant identification cards, guards, and security fences.

- Establishment of a Supply Reduction Working Group, chaired by the Office of National Drug Control Policy, to carry out the statutory requirement to "coordinate and oversee the implementation by National Drug Control Program agencies of the policies, objectives, and priorities" defined in the National Drug Control Strategy. This group will consider supply-related drug policy issues that are interdepartmental in nature. It will not deal with operational decisions or have line authority or responsibility.

- Revision of Federal drug agency personnel evaluation systems, where appropriate, to add a criterion for career advancement and reward that emphasizes cooperation among employees within and across various agencies.

The Criminal Justice System

No strategy designed to combat illegal drug use can succeed if it fails to recognize the crucial role of criminal justice. Americans count on an effective criminal justice system to police our streets, deter crime, prosecute offenders, and punish the guilty. But there is more to law enforcement than arrests and prison terms. When we vigorously enforce drug laws we achieve a number of related goals: we get the dealers and users off the street and away from the neighborhoods they are destroying; we direct those needing treatment to the help they might not have sought on their own; and, above all, we declare clearly and emphatically that there is no such thing as innocent drug use.

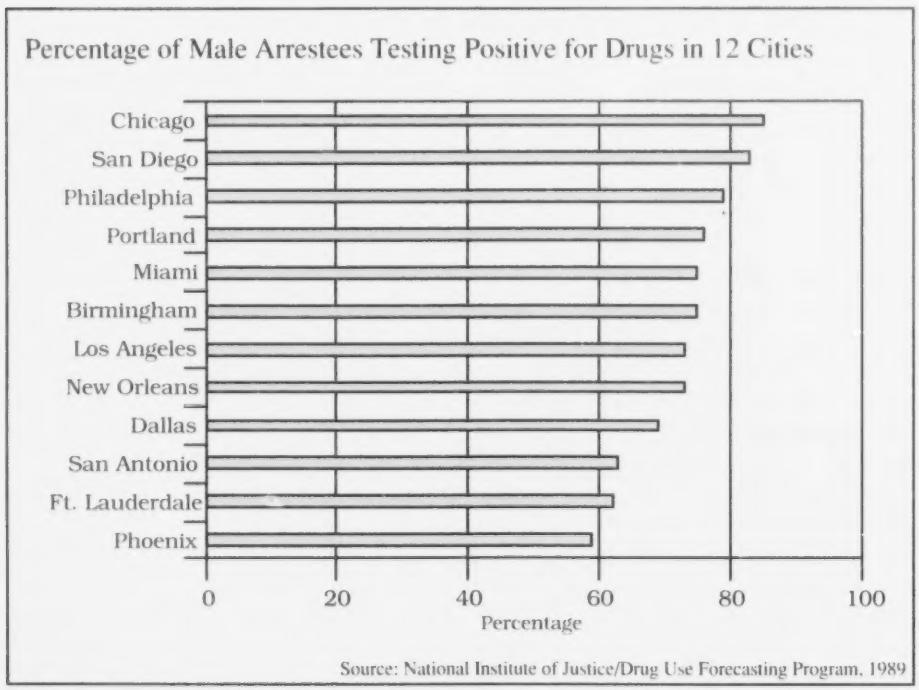
Much public discussion of the criminal justice system assumes that drug enforcement is directed exclusively at reducing the supply of illegal drugs. While it is true that most Federal drug enforcement is focused — quite appropriately — on large-scale domestic traffickers and international distribution networks, the criminal justice system is by no means devoted only to one side of the supply/demand equation. Illicit drugs are sold, domestically and internationally, in illegal markets, which means that every drug transaction involves both a supplier and a consumer. Effective drug enforcement is aimed at the market as a whole, and tries to disrupt it so that both selling and buying drugs become burdensome and precarious activities. When law enforcement officials successfully and repeatedly obstruct the market, drugs become harder to get and drug use invariably diminishes. In this way, the criminal justice system serves as one of the most powerful forms of drug prevention.

To prevent people from using drugs, drug enforcement activities must make it increasingly difficult to engage in any drug activity with impunity. That deterrent, however, will only remain credible so long as pressure is brought to bear on the entire drug market, dealers and users

alike. That's why we need a national drug law enforcement strategy that casts a wide net and seeks to ensure that all drug use — whatever its scale — faces the risk of criminal sanction.

Such a strategy has often been derided as either uncaring or unrealistic. Punishment, some have argued, is not the way to treat people in need of help. Others have suggested that the criminal justice system is so overloaded it should not even try to guarantee punishment to every guilty drug offender. Following that logic, some states have treated drug use as merely a minor infraction — the equivalent of a traffic violation. This view of enforcement can only undermine our attempts to reduce illicit drug use. It assumes erroneously that those who use drugs infrequently or in small quantities are somehow free from any blame for the damage done by the illegal drug trade — even though the freedom from fear of prosecution shared by most drug users is what allows dealers to rely on an ever-present market.

Not all drug offenders are the same, of course, and State and local drug enforcement officials need to develop a variety of means to deal with them. Those involved in drug-related violence need to be incarcerated; others need carefully supervised treatment to help them recover from an addiction. In every case, though, the criminal justice system remains the most powerful tool for making individuals accountable for their actions. To insist that every convicted drug offender pay some



penalty is simply to make clear that drug use has a price. Punishment should be flexible — let the penalty fit the nature of the crime. But to ignore or deny the role of criminal sanctions in fighting drugs is to declare that drug use does not demand society's condemnation. To be sure, many national efforts to combat drug use — both "demand" and "supply" initiatives — are in need of further attention and improvement. But when the criminal justice system becomes incapable of meeting the demands placed upon it, all drug reduction efforts suffer.

The goals of the criminal justice system are ambitious, and the burden of reaching them will belong largely to police, prosecutors, judges, and corrections officials in every State and locality. They, after all, have traditionally been, and still are, the front line of law enforcement in the nation's battle against drugs. The recommendations offered in this Strategy place new demands on State and local authorities who, if they are to face the problem squarely, must expand the resources they devote to drug enforcement throughout the criminal justice system. They will also require and deserve new Federal funds, support, and guidance. Further success in the war on drugs will be achieved only through truly *national* criminal justice reform and expansion, which requires the support of public officials at all levels of government.

Making Neighborhoods Safe

The first challenge facing our criminal justice system is to help reclaim neighborhoods that have been rendered unsafe by drugs. For it is in neighborhoods that drugs pose an immediate threat to local residents and the quality of their lives. Drug dealers harass, intimidate, and assault pedestrians. They entice and coerce children to join their ranks. Crack houses accelerate the deterioration of already rundown residential blocks. Parks and public spaces become havens for illicit activity. In such neighborhoods, drugs are sold freely and openly and buyers fear no criminal sanction. Residents are left alone with the task of protecting their lives and property, while trying to keep their children away from a life of drug use.

That is too heavy a burden to leave on those whose lives are often already taxed by poverty and broken homes, but who still have the will to resist drugs. And that is why any national drug enforcement strategy must begin with a focus on making our streets and neighborhoods safe for the law-abiding citizens who live there. Success in preventing drug use among the next generation and helping today's drug users to recover will come only after we can assure a community that it is not hostage to the random violence and lawlessness of illegal drug activity.

To their great credit, many State and local law enforcement agencies have expanded their efforts at reducing the harm drugs bring to

communities. But the criminal justice system as a whole remains too erratic and overburdened to allow the full effect of these laudable efforts to be felt. Its weaknesses have become all too familiar. Successful efforts to identify and arrest drug dealers are wasted when offenders face a system in which punishment is rarely a certainty. In 1987, for example, someone arrested in New York City for a drug-related felony faced a 50 percent chance of being indicted, a 38 percent chance of being convicted, and only a 15 percent chance of serving time in prison. The absence of any significant risk of punishment for illegal drug activity is perhaps the most corrosive force hindering drug reduction efforts. And nowhere is its harm felt more than in those neighborhoods to which drug dealers return only days — even hours — after having been arrested. Residents of many communities can tell stories of the same drug dealers being arrested five, ten, even twenty times with no discernible effect on their activity.

These stories are a source of constant frustration to our law enforcement officers. But they have nevertheless tried a number of possible policing techniques designed to keep the dealers off the street. Many cities have in recent years concentrated their enforcement resources on operations aimed at indicting drug "kingpins" who control regional drug distribution. Occasionally efforts against the most powerful dealers meet with spectacular success. The recent conviction of the Chambers brothers organization in Detroit effectively ended the career of drug dealers who, at their peak, were selling more than $3 million worth of crack a day.

But experience teaches us that a good long-term drug reduction strategy cannot rely on these big busts alone. As in any organized criminal enterprise, there are always plenty of competitors waiting to take control when one ringleader has been caught. Arresting big dealers may temporarily shut down drug markets, but in many cases the markets are quickly reopened under new management. Today, many scholars and professionals are convinced that we cannot hope to eradicate drugs in any city through one large bust, or even a series of large busts.

Obviously, it must remain a major goal of U.S. drug control policy to immobilize drug trafficking organizations by apprehending and prosecuting their leaders, and forfeiting their illegally gained wealth. Our continued ability to break up domestic and international drug networks serves a number of desirable and necessary goals: it increases the price of illegal drugs; it forces drug suppliers to bear the burden and expense of operating in a black market; and it satisfies our very correct sense that justice is served when powerful drug dealers are caught, convicted, and punished.

Yet we must also remember our direct responsibility to protect those American communities now consumed by the local drug trade.

Street-level drug enforcement, like wholesale supply reduction, cannot alone eliminate drug use. Both are crucial components of an effective drug strategy. But street-level enforcement remains the best tool we have for restoring a sense of order and civility to neighborhoods where drugs — with all their attendant crime, violence, and decay — have wrought havoc. The first priority of local drug enforcement, then, is to employ effective police methods capable of fighting drugs at the neighborhood level.

In some neighborhoods, where drugs are cheap and easily found, the challenge to local officials cannot be underestimated. Someone searching for crack usually needs to look no further than the nearest street corner. And once a few dealers have established themselves at a convenient spot, more are likely to gather, knowing there is safety in numbers and a ready market close by. The proper goal of street-level enforcement is to break up those markets by creating conditions that make it difficult to sell drugs and inconvenient to buy them. Local police, it is true, have only a negligible effect on the street price of drugs — especially when crack sells for as little as $3 a vial. But they can drastically increase what has been called the "search time" for drugs: the amount of time and effort required to make contact with a dealer and safely make a purchase.

As long as drugs can be bought with confidence on a familiar street or in the entrance to a well-known apartment building, there is little risk in seeking out drugs — and local residents will be hard pressed to avoid them. But if local drug enforcement can succeed in pushing drug dealers underground — or at least further out of reach — some buyers will be deterred from spending the time and incurring the risk necessary to find them. Indeed, when neighborhood police increase the number of drug arrests in an area, when they put pressure on local drug transactions through surveillance and undercover work, and when they force dealers to take refuge in less conspicuous places, the drug markets that menace neighborhoods cease to flourish. At the very least, young people and new users are denied easy access to drugs.

We know that street-level drug enforcement can work because it has enjoyed some success in the past. Almost every police force in the nation has learned some lesson about how drugs can be fought on a local level. That knowledge should form the basis of a strategy that seeks to erode the power and prominence of illegal drugs in cities and neighborhoods.

Neighborhood policing is difficult, painstaking, and unglamorous work. It requires a long and serious commitment from our State and local drug enforcement authorities, and makes great demands on individual officers. But it also produces some of the most imaginative and

successful drug reduction tactics we know. The recurring lesson of past experience is that fighting drugs requires more than placing a police dragnet on a city. Rather, success comes from focused and sustained campaigns waged at particular neighborhoods or streets, certain drugs, or clearly identified gangs. Mayors and police chiefs need to be frank on this point. No single law enforcement tactic — given other existing criminal justice system limitations — can easily drive drugs from an entire city. But if local authorities can initially succeed in bringing drug traffic to an end in one neighborhood, it should be taken as a hopeful and encouraging first step in what is still necessarily an incremental process.

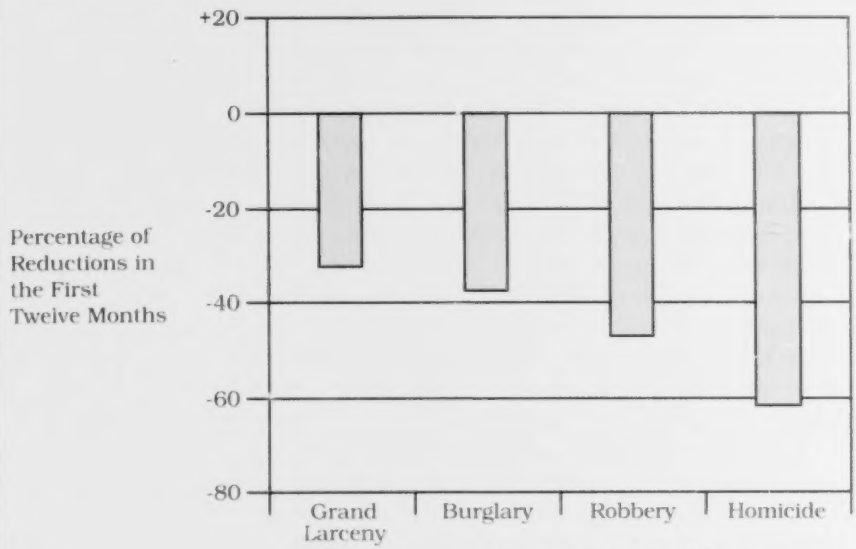
Whatever gains are made by law enforcement in diminishing local drug problems, a permanent solution requires the persistent involvement of an entire community. Indeed, the drug war is being won in those areas across the country where "community policing" experiments have created alliances between local residents and foot patrol officers. There the police learn the habits and patterns of a neighborhood and become familiar figures to local residents, school officials, and merchants. Soon an atmosphere of trust and cooperation prevails: residents make frequent reports to the police about suspected drug activity; parents help patrol school grounds; community groups and tenant associations meet with police to describe drug problems authorities may not be aware of. And all these efforts help provide the necessary conditions for neighborhood safety.

The Kansas City Ad Hoc Group Against Crime is a vivid example of how a well-coordinated community can take on the threat posed by neighborhood drug activity. Working closely with local police, citizens in Kansas City, Missouri, established telephone hotlines to report the location of suspected drug transactions. They also organized marches on local crack houses, and assisted landlords in evicting tenants who sold drugs on their property. Community initiatives like these may not solve the drug problem on their own, but they prove that communities need not be passive victims of drugs.

When success does occur, other cities and towns should emulate it. In New York City, Operation Pressure Point demonstrated how an area virtually overrun by drug traffic and use could be reclaimed by a persistent and well-coordinated police effort. In 1984, police began saturating a Lower East Side section of the city where drugs were being sold openly and violence seemed to erupt spontaneously. Through the constant presence of undercover operations, information gathering units, and uniformed police, Operation Pressure Point restored a sense of security and calm to the area so that long-term prevention and treatment efforts might begin.

Carefully focused enforcement in other cities has met with similar success. Critics sometimes argue that such enforcement may actually

New York City's Operation Pressure Point:
Crime Reduction in a Targeted Area, 1984



Source: New York City Police Department, 1985

displace drug problems from one neighborhood to another. In practice, however, what displacement does occur is far from total. Drug dealing, after all, is an illegal and hazardous occupation. Only the most flexible, determined, and powerful drug dealers can readily move to a new locale, establish clients, and still protect themselves from rivals after they have been chased from their regular turf. Effective street-level enforcement aspires to keep dealers constantly insecure — so much so that many of them will find that they cannot profitably and safely carry on with their business.

There are a number of other tactics that State and local authorities can rely on in order to keep dealers on the move and drugs out of the reach of potential buyers. All of them are designed to increase the element of risk involved in buying and selling drugs. They include extensive "buy-and-bust" undercover operations; lighting poorly lit streets and parks; expanding local informant networks; increasing the number of police foot-patrol units in drug-ridden neighborhoods; establishing confidential drug hotlines to report drug activity in large public housing projects; razing abandoned buildings that could be used as safe houses; stepping up traffic and parking violation enforcement to discourage buyers from driving into areas where drugs can be purchased; enforcing loitering laws to keep drug dealers away from school yards and playgrounds; and so on.

The Department of Housing and Urban Development (HUD) can and will assist local police efforts to keep drug dealers out of public housing projects. HUD has already taken measures to expedite eviction proceedings against known drug dealers living in public housing, and law-abiding residents have welcomed and encouraged the help. HUD can further help local authorities obstruct drug activity by assisting public housing projects in providing security systems, including tenant identification cards, 24-hour guards, and security fences. Public housing tenants deserve the same type of protection from drug-related crime that the most secure private apartment complexes routinely employ. Operation Clean Sweep in Chicago showed that public housing tenants need not be victimized by drugs in their own homes. Through a combination of building renovation, expanded residential security, and drug dealer evictions, authorities were able to bring a sense of security to a housing complex once terrorized by the drug trade.

No crime-fighting tactic is foolproof. Yet the variety of successful street-level drug enforcement techniques employed in recent years belies the claim that law enforcement has been tried and doesn't work. Law enforcement *can* work — by systematically inhibiting the ability of both dealers to sell drugs and users to buy them. And when the lives of dealers and users are made more difficult, the lives of law-abiding local residents become more secure.

Criminal Sanctions

Making streets safer and drug users more accountable for their actions requires the criminal justice system to expand and reform in an unprecedented way. Effective street-level enforcement means dramatically increasing the number of drug offenders arrested. But unless there is a system ready to absorb them, drug control will end at the police station.

Expansion does not merely mean more police or more prisons (though it surely requires both). It means enlarging the system as a whole so that drug offenders can be dealt with swiftly, justly, and efficiently through every step of the judicial and correctional process. Further necessary expansion efforts must not perpetuate imbalances in our present system. Again, a large police force may be able to double the number of drug-related arrests it makes, but unless there is a sufficient number of jails, prosecutors, judges, courtrooms, prisons, and administrative staff, a point of diminishing returns is soon reached: more arrests mean less thorough and effective punishment.

If State and local officials wish to expand their capacity to prosecute and sentence drug offenders they must broaden their notions of what constitutes punishment. In many jurisdictions, the choice of criminal

sanctions is between prison or nothing at all. Dealers involved in large-scale drug traffic and violent predatory crime are obvious candidates for prison sentences that will both take them off the streets for significant periods of time and deter other potential offenders. Such sentences put a strain on the system, but the demands of justice and domestic security require them.

Other types of offenders, however, can be dealt with in more efficient and often less expensive ways. Military-style boot camps, with their rigorous regimes and austere conditions, bring a sense of order and discipline to the lives of youthful, non-violent first-time offenders, and perhaps serve as a deterrent against future crimes. Halfway houses and strictly supervised addiction recovery programs can meet the demands of offenders who require treatment. A number of States have successfuliy experimented with various house arrest programs that keep an offender incapacitated at his own expense. "Casual" users who maintain a job and a steady income should face stiff fines — much stiffer than they do now — and, where appropriate, property forfeiture. The 1988 Anti-Drug Abuse Act further broadens the array of penalties a judge has at his disposal by providing courts with the power to deny or withhold certain Federal benefits from convicted drug offenders. The Administration will encourage the regular application of that provision to ensure that it becomes a more widely used tool for penalizing drug use.

These are the sorts of alternative sanctions that the criminal justice system must explore if it is successfully going to deter and contain drug use. But such measures can be — and must be — complemented by a host of less formal sanctions aimed specifically at those first-time and occasional users who, because their activities are too often viewed as relatively inconsequential, now avoid any penalty whatsoever. These are the users who should have their names published in local papers. They should be subject to drivers' license suspension, employer notification, overnight or weekend detention, eviction from public housing, or forfeiture of the cars they drive while purchasing drugs. Whatever the extent of their offense, if they use drugs they should be held accountable.

Young offenders in particular must be confronted with penalties that both deter them from future drug use and embarrass them among their peers. Today, many young drug offenders boast about their lenient treatment in the hands of the authorities and wear it as a badge of pride; corrections officials must make sure that when juveniles are caught using or selling drugs, their punishment becomes a source of shame. We need a mix of sanctions for juvenile drug use that includes school suspension, parental notification, and postponement of driver's license eligibility, and extends to weekends of "community service" that involve arduous and unenviable public chores.

Other aspects of our State criminal justice systems also need reform. Our probation systems provide a vivid example of the need for more accountability. In many jurisdictions, the probation system is so overcrowded and so loosely managed that it can barely be said to exist in any meaningful sense. Offenders who violate the conditions of probation often go unpunished, remaining at liberty until they are arrested again for yet another drug offense. Probation, like parole, court-supervised treatment, and some release programs, should be tied to a regular and rigorous program of drug testing in order to coerce offenders to abstain from drugs while integrating them back into the community. Such programs make prison space available for those drug offenders we cannot safely return to the streets. But unless they rigidly enforce drug abstinence under the threat of incarceration, these efforts lose their teeth. Drug tests should be a part of every stage of the criminal justice process — at the time of arrest and throughout the period of probation or incarceration, and parole — because they are the most effective way of keeping offenders off drugs both in and out of detention.

The many available alternatives to incarceration should not lead us to conclude that States and localities don't need more prisons and jails. They do. And they need them immediately and urgently. Most State prisons are already operating far above their designed capacity: the most recent surveys show Pennsylvania's correctional facilities operating at 138 percent capacity; Oklahoma at 142 percent; and Massachusetts at 173 percent. During 1986, 16 percent of New Jersey's prison population had to be housed in local jails due to overcrowding in State facilities. And, most notoriously, many States have been forced under court order to release prisoners before their terms have been served whenever a court-established prison population limit has been exceeded.

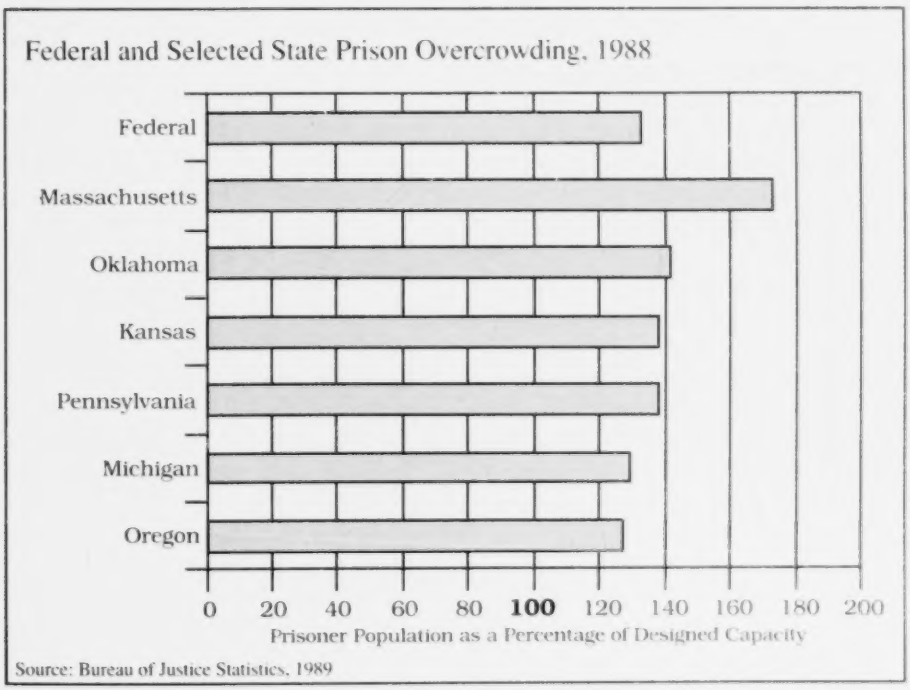
Recognizing the dimensions of this crisis, several States have embarked on ambitious plans to expand the capacity of their correctional facilities. Those plans should be carried out without delay, and the Administration will further this expansion by providing funds and technical assistance for the design and planning of other new and enlarged State prisons. The task of building them, however, remains with State governments, who poorly serve their constituents when prison construction is stalled or resisted.

So, clearly, effective local drug enforcement very much depends on the creation of more prison space. But in the meantime, we should not use our punishment capacity in a narrow and self-defeating way. "Alternative sentencing" need not and should not mean a weekend of charity work. The aim, rather, should be a flexible, high-volume processing system for a range of drug offenders, one that is swift, certain, and carefully linked to drug treatment and testing.

Federal Responsibilities

Nothing in the preceding argument should be understood to minimize the drug enforcement responsibilities of the Federal government. State and local authorities possess a familiarity with communities and neighborhoods that is essential in establishing and maintaining successful street-level enforcement. But State and local efforts rely on effective Federal enforcement activities for cooperative assistance and support. Federal law enforcement officials also have been and must continue to be an important source of training and technical assistance for State and local drug enforcement. And because they have wider jurisdiction and an ability to trace drug distribution on a national and international scale, Federal authorities will remain a pivotal part of any comprehensive drug control strategy.

Currently, there are more than a dozen Federal agencies combatting drug trafficking. These include not only the organizations traditionally responsible for drug enforcement such as the Drug Enforcement Administration (DEA), the Federal Bureau of Investigation (FBI), the Customs Service, and the U.S. Coast Guard, but also agencies such as the Internal Revenue Service, the Immigration and Naturalization Service, and the Bureau of Alcohol, Tobacco, and Firearms, which can often advance investigations of drug trafficking by focusing on other



criminal activity associated with it. Each of these agencies has helped make impressive gains in the war on drugs. But a truly integrated, effective, and efficient national strategy requires that various law enforcement authorities coordinate their efforts when drugs are involved. And, in fact, drug enforcement in the United States has enjoyed some of its greatest successes when Federal authorities have worked together. Coordination between the Federal government and the States and localities, typified by the increasingly productive DEA/State and local task forces, has also worked well.

One important example of Federal interagency cooperation is the Organized Crime Drug Enforcement Task Force program (OCDETF). Supervised by U.S. Attorneys, the OCDETF program coordinates the activities of eleven different Federal agencies in the pursuit and prosecution of large-scale drug trafficking. It takes on cases that could benefit from the participation of more than a single agency because several types of law violations are suspected. Large drug networks are often involved in a host of unlawful activities — like tax evasion, illegal immigration, and weapons offenses — all of which provide opportunities to expose otherwise well-camouflaged drug distribution systems. By commanding the resources and authority of many Federal offices under a central umbrella, OCDETF is able to direct thorough, imaginative, and wide-ranging assaults on the movements and activities of drug dealers. Through its 13 regional task forces, the OCDETF program also provides one of the crucial links between Federal and State authorities, enhancing the exchange of information and enforcement strategies. These programs should serve as a model of interagency coordination and be a priority for future expansion in Federal drug enforcement.

A principal target area for such expansion should be money laundering schemes that keep the cash-only illegal drug industry afloat. While money laundering has always been a tool of organized criminal activity, the highly profitable drug trade has made it an even larger and more widespread practice both domestically and, as will be explained in a subsequent chapter, internationally. Our ability to attack these sophisticated money laundering operations, however, is limited. And, as with drug enforcement generally, investigations of money laundering are often carried out independently by agencies, even where cooperation would be more effective. Since tracing the movement of large sums of cash remains among the best methods for identifying drug transactions, more Federal resources need to be targeted on the expansion and coordination of money laundering investigations.

Another target of intensified Federal action should be reversing the intolerable boom in domestically grown marijuana, which now accounts for 25 percent of the amount available for consumption in the United States. Domestic cultivation of what is often extremely potent marijuana takes place indoors and on private and Federal land, where it is

frequently protected by explosives and booby-traps. At some parks and forests, hikers are warned not to stray from designated areas for fear that they could be injured by one of these devices. Federal law enforcement agencies, aided by units of the National Guard, will increase levels of enforcement in Federal and trust lands through more sophisticated eradication efforts and wider use of investigative techniques to identify the largest producers and distributors within our borders.

Increased emphasis on money laundering and domestically grown marijuana must complement activities in other areas. We must also enhance our efforts to combat the re-emergence of heroin, and we must address the problem of other dangerous drugs — those manufactured in bootleg labs and those diverted to the black market from licit pharmaceutical distribution. Indeed, as we achieve success on the cocaine and crack fronts, we must be prepared to guard against the abuse of alternative chemical stimulants.

No discussion of Federal drug enforcement would be complete without some consideration of "turf battles" that may impede effective drug control policy. Turf battles do occasionally occur among the various agencies responsible for drug enforcement, usually around border areas and major ports where drug traffic is intense. In an attempt to prevent such conflicts in the future, some have suggested that clearer lines of jurisdiction be drawn — regulating more strictly the areas in which, say, the Customs Service or the DEA could operate, and thereby avoiding overlapping authority.

But jurisdiction and authority are not the real problems. Turf battles exist because those Federal agencies charged with fighting drugs are, without exception, competitive, independent, and proud organizations. The individuals who work for them, especially agents in the field, are dedicated and mission-oriented. Those qualities are assets in the war on drugs. And any attempt to limit further the mandate of these drug enforcement agencies would inevitably diminish the spirit and energy that distinguish them.

Nonetheless, when law enforcement agencies are driven to spend time protecting their turf from perceived "rivals," they invariably spend less time fighting drugs. And where poor coordination is a product of internal administrative imperatives in our drug enforcement agencies, those imperatives will have to change.

What is required is some serious reconsideration of how we evaluate the relative success of drug enforcement activities. Most Federal agencies that deal with drug traffic assess their own performance and that of their employees through a kind of "body count": arrests made, kilos of cocaine seized, convictions gained, and so on. These numbers will remain necessary so long as Congress and other Executive Branch

agencies insist on using them as a measure of effectiveness. But ultimately, such an evaluation system may actually encourage interagency conflict because, in the battle for Federal funds, whichever agency can produce the best numbers can claim to be the most effective. Under such conditions, there is little incentive to assist or give credit to a "competitor."

Federal drug enforcement needs a system of agency and agent evaluation that fosters coordination among the various organizations by making cooperation both within and across agencies an explicit criterion for additional funds and job promotion. Individual agents should be evaluated and rewarded not only for their part in drug seizures and arrests, but also for their involvement in interagency missions. Of course, not all enforcement operations require multiple agency involvement. DEA, for example, oversees a number of programs and investigations on their own; they should continue without bureaucratic tinkering.

There does exist, however, a need for a central coordinating drug body that could provide policy oversight, establish supply-related priorities, and identify those areas where two or more agencies could work together. Chaired by the Office of National Drug Control Policy with membership including policy-level officials from each of the involved agencies, such a body will steer Federal drug enforcement towards further coordination — and away from occasional, counterproductive rivalry.

Like so many State and local criminal justice systems, the Federal system suffers from an overcrowded caseload that often paralyzes the best efforts of law enforcement officials. The Department of Justice needs more U.S. Attorneys in order to prepare and prosecute the thousands of drug cases that currently swamp the system. And that expansion needs to be matched with a parallel growth in both the Federal judiciary and the U.S. Marshals Service, which can greatly enhance our ability to transport and supervise unsentenced prisoners and pre-trial detainees. To this end, the Comprehensive Crime Control Act, proposed by the Administration in May of this year, contributes directly to drug enforcement by expanding criminal justice resources on several fronts. Many of the Act's specific proposals are incorporated in this Strategy.

Unfortunately, no amount of growth and efficiency in the Federal prosecutorial system will help put drug dealers out of business if there is no place to put them. Prisons are often described as the "back end" of the criminal justice system, but they must be at the forefront of any Federal plan designed to deal with drug offenders. Today, the Federal prison system has a rated capacity of approximately 31,000 beds. That

capacity must be expanded — and will be by as much as 77 percent under the provisions of this report — if current and future demands for prison space are to be met. Reaching that goal is a necessary step in rejuvenating a system currently overrun by our national drug epidemic.

Budget Priorities

There should be no attempt to disguise the fact that the expansion and reform of criminal justice efforts proposed here will require significant expenditures. To the extent that street-level enforcement must become a still higher drug control priority in the months and years to come, States and localities must allocate more funds to criminal justice, and the Federal government must help. In Fiscal Year 1989 the Federal government provided $299 million in grants and other forms of assistance to State and local law enforcement effort. If we are to build a national criminal justice system that meets the demands made on it by drug activity, this amount will have to be increased in the coming years.

More Federal money alone, however, cannot speed reductions in drug use and crime. Federal authorities should act as both a guide for and check on State drug reduction efforts by establishing model laws and a system of accountability for how money is spent. Under current methods of providing Federal assistance, State and local programs are rarely reviewed for cost effectiveness or performance. If Federal money is to have a real effect on drug enforcement efforts, it must be conditioned on the establishment or expansion of programs that first hold offenders accountable for their drug use, and then — through supervision and drug-testing — help them stay off drugs. Programs that reduce drug use and curb its destructive consequences should be identified and expanded. Programs that fail, on the other hand, should be required to reform or have their funding closely reviewed — and possibly withdrawn.

Accountability should be no less thorough at the Federal level. Federal arrestees should be drug-tested and complete abstinence from drugs must be a condition for release on bond, probation, or parole. No program that allows those who fail drug tests while in custody to participate in release programs deserves funding. The American people will be prepared to spend money on a bigger criminal justice system only if that system is held fully accountable for its performance.

The criminal justice system must expand to accommodate more people at every point. In some jurisdictions that might mean more prison beds; in others, more prosecutors and probation officers. But no single expansion effort will solve the problem. All these changes must be made in the context of reforming a system that can keep drug offenders in check at every step of the process: arrest, prosecution,

release, and final supervision. There will always be those who enthusiastically endorse plans for more parole officers but balk when it comes to planning new prisons. This is precisely the type of unsystematic policy that our national criminal justice system has suffered under for too long. It is time to stop fighting drugs in a piecemeal fashion. Extensive and successful probation systems depend on prison beds; otherwise, probation violations cannot be sanctioned. Larger police forces require more prosecutors and judges so that drug dealers brought off the street are sent to trial without delay. The point should be clear: if the criminal justice system is going to aid drug reduction efforts, all its links must be strengthened.

Drug Treatment Priorities

- Increased Federal funds for treatment in order to expand the number of treatment slots and the range of treatment methods available.

- Greater State, local, and individual treatment program accountability for effectiveness. Submission of State plans for treatment resource allocation and systemic improvements will be a condition for receipt of Federal treatment funds.

- Improved coordination among local treatment facilities so that treatment resources and availability match community needs, and so that drug users are referred to the most appropriate treatment provider.

- Improved coordination between treatment facilities and social, health, and employment agencies in order better to assist those drug-dependent persons who need services in addition to treatment. Under some circumstances, treatment facilities will be assisted in the development of their own programs in these areas.

- Increased funding of outreach programs and early treatment for expectant mothers who use drugs.

- State and private insurance company coverage of outpatient and other less intensive forms of treatment for drug use. A thorough review of Federal policy will be conducted to determine whether changes in Federal coverage are necessary.

- Exploration of ways to increase the use of civil commitment as a means to bring more drug dependent persons into the treatment system.

- Expanded and improved Federal information collection and research. Priority will be given to describing our current treatment capacities and needs; evaluating treatment effectiveness for specific populations; and developing methods of treatment for cocaine and crack dependency, cocaine in combination with other substances, and individuals with both psychiatric and drug problems.

Drug Treatment

Regardless of how successful we are in preventing the next generation from using drugs, and how successful our law enforcement efforts are in disrupting drug markets, there will remain millions of individuals who need help to stop using drugs. If we fail to provide that help, drug users will continue not only to destroy their own lives, but to endanger the lives of unborn children, commit crimes against others, spread the deadly AIDS virus, and siphon productive energy from the American economy. For these reasons and more, the effective treatment of drug dependent individuals must be an important element in our overall strategy for reducing drug use in America.

If our treatment system is to do the job required of it, the system must be expanded and improved. We need more treatment "slots," located where the needs are, in programs designed to meet those needs. We must improve the effectiveness and the efficiency of treatment programs by holding them accountable for their performance. We must find ways to get more drug-dependent people into treatment programs, through voluntary and, when necessary, involuntary means. And we need much better information about who is seeking treatment, who is not, and why.

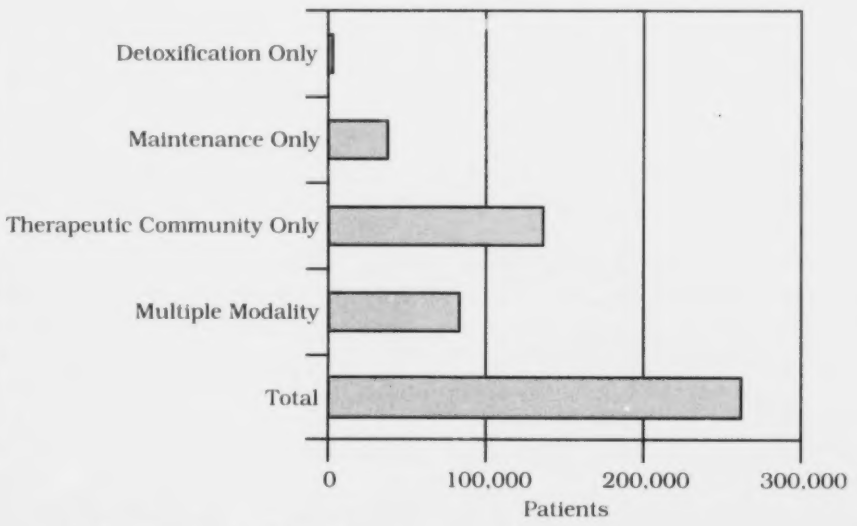
The drug treatment world is diverse, reflecting variations in types and severities of drug use, and in strategies used to treat it. Most of the nation's 5,000 drug treatment programs fall under one of five broad categories: detoxification programs, usually inpatient, which have the short-range goal of ending users' physical addiction to drugs; chemical dependency units, mainly private inpatient or residential three- to four-week programs; outpatient clinics, which offer counseling and support for those who want to quit using drugs while they continue to function in the community; methadone maintenance programs, which treat heroin addicts by coupling counseling with the administration of

methadone, a prescription medication that "blocks" the craving for heroin while eliminating the usual pain of withdrawal; and residential therapeutic communities, where users spend up to 18 months in a highly structured program to end their drug addiction. In addition, there are support groups such as Narcotics Anonymous, which can be effective as either a substitute for or an extension of other approaches.

The vast majority of people treated (85 percent) are in outpatient programs. Relatively small percentages are in residential programs or in hospitals on an inpatient basis. Private nonprofit facilities enroll about 60 percent of those in treatment, and State and local government-run facilities enroll 25 percent. Eleven percent are in programs operated for profit, and three percent are in Federal facilities, mainly Veterans Administration and military hospitals.

Generally speaking, treatment for drug addiction can — and often does — work. In one major study of users who received treatment for three months or longer, about half of those treated for cocaine or heroin addiction were not using these drugs one year later, and an additional 20 to 30 percent had reduced their drug use. Research suggests that the less severe an individual's drug problem, and the longer he remains in treatment, the more likely it is that drug dependency can be reduced or ended altogether. About half of those who remain a year or longer in a residential treatment program stay off drugs for at least seven years.

U.S. Drug Treatment Patients by Type of Treatment, 1987



Source: NIDA and NIAAA, Drug and Alcoholism Treatment Survey, 1989

Patient Behavior in the Year Preceding Admission to Treatment

Behavior	*Type of Treatment* Outpatient (Methadone)	Outpatient (Non-methadone)	Therapeutic Community
	%	%	%
Serious Criminal Activity	33	37	60
Illegal activity as primary source of income	23	12	34
Fully employed (40 weeks or more)	24	24	15
Heavy alcohol use	25	36	42
Suicidal thoughts or attempts	29	48	44
Multiple drug-related problems (3 or more)	41	50	63

Source: *Drug Abuse Treatment*, University of North Carolina Press, 1989

But for many, treatment works only partially or not at all. Like other chronic diseases, drug addiction has no permanent cure, and relapse is always a real possibility for those who have undergone treatment. The best that many heroin addicts are able to achieve is the substitution of their dependency on an illegal drug for dependency on a legal synthetic prescription drug — methadone. To be sure, methadone treatment is extremely useful. It enables the addict to end his physical dependency on an illegal and incapacitating narcotic, to reduce attendant criminal activity, and to resume a relatively normal life — working, or attending school. But, for reasons we still do not completely understand, many methadone patients are never able to stop their methadone treatments. For them, the victory is only partial.

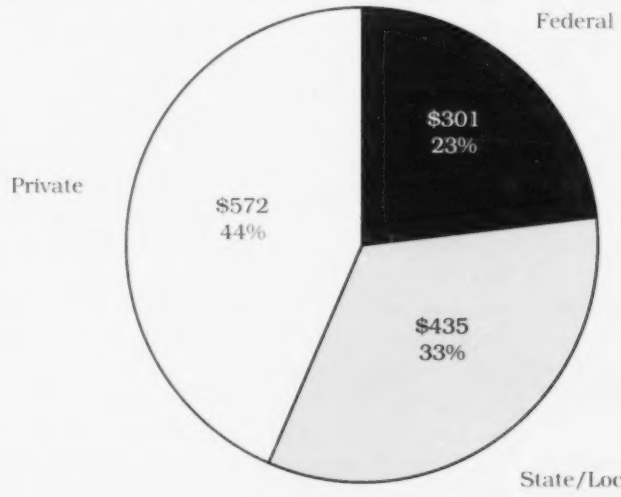
Cocaine addiction is especially difficult to treat; currently there are no proven successful treatment strategies comparable to those for heroin addiction. Cocaine resists treatment for a number of reasons: the lack of a pharmacological "blocker" that negates cocaine's extraordinarily pleasurable effects; the severe depression that follows a cocaine high; and the rapidly addicting properties of crack. Some residential treatment programs, such as Phoenix House and Daytop Village, have had some success using a highly structured regimen consisting of

intensive counseling and monitoring. Certain outpatient programs that use combinations of medication and relapse prevention methods have also shown promise, but further research is needed. Several new medications to decrease cocaine craving and relapse are currently being investigated and may yet prove to be useful.

Today's drug addicts are more challenging to treat than those of a decade ago. Mental illness or psychological disorders are common, as is the practice of using a variety of illegal drugs, not just one. A typical drug treatment patient may, for example, have a history of heroin, cocaine, and marijuana use, along with excessive use of alcohol. He may have taken these substances separately or in combinations.

Drug users come to treatment with widely varying social and vocational skills. Some are successful professionals from stable family backgrounds. Many others, however, have known only poverty, drugs, and crime since childhood. These patients need more than just treatment. They need a range of social services, counseling, medical treatment (especially for those with AIDS) and job training in order to fashion a productive life without drugs. If drug treatment facilities are to be genuinely effective, they must be prepared to bring these services to the addict, either by offering them directly or by arranging them through cooperation with other agencies.

Estimated Fiscal Year 1987 Expenditures for Treatment, by Source
(in millions of dollars)



Source: National Institute on Drug Abuse, 1987

NIDA estimates that, in 1988, about four million Americans had serious drug problems (based on their having taken illegal drugs at least 200 times in the preceding twelve months). Many of these people, possibly as many as one in four, may be able to stop using drugs with the help of friends, family, clergy, and, above all, their own motivation. Perhaps another quarter, hard-core addicts or career criminals, are difficult to reach by existing treatment methods and are unable or unwilling to stay drug-free. The remaining two million drug users represent a group for whom well-designed treatment may offer a reasonable chance of significant improvement.

In 1987, however, about 834,000 individuals received some form of drug treatment — roughly 40 percent of this "best chance" population. (At any given time about 260,000 people are being treated, but several people can fill a single treatment slot over the course of a year.) There is little doubt that if we continue to treat such a small percentage of heavy drug users, treatment will not make a very large dent in the nation's drug problem. Our data is still inadequate, but we nevertheless have a fairly good idea why so few addicts are being treated.

Lack of Capacity

Part of the problem is a lack of treatment capacity. Many publicly funded programs, especially in urban areas, have long waiting lists. When an addict knows that his local drug treatment facility has a waiting list of weeks or even months, he may be discouraged even from applying. Of course, self-help groups such as Narcotics Anonymous are generally available. Many private programs have vacant treatment slots. And on a national basis, the treatment system at any point in time is only about 80 percent filled to capacity. Nonetheless, there is little question that many programs simply do not have the space or the funds necessary to meet the local demand for drug treatment.

Despite the new Federal Waiting List Reduction Program, it is clear that further expansion in the treatment system is necessary, and that such expansion will require more Federal spending. Increased capacity will become particularly important as greater numbers of drug users seek treatment due to stepped up user sanctions.

Because Federal funding for local treatment programs is provided through the States, we must be assured that these funds will be directed by the States to the cities and programs where the greatest needs occur. In order to receive their treatment funds, therefore, States will be required to submit a carefully designed State Treatment Plan which describes how funds will be allocated among treatment facilities, and how local needs have been inventoried and taken into account in those allocations.

System Inefficiencies

Drug addicts looking for treatment face another problem: many facilities are designed to treat mainly one type of addiction. Probably six times as many people now have severe cocaine problems as have heroin problems, yet the majority of current treatment slots and treatment programs were originally set up to treat heroin addiction. Certainly we need every existing heroin slot and more, but we also need greater capacity for treating addiction to cocaine (especially crack) and some of the other drugs that have begun to appear on our streets.

There are other systemic weaknesses. Treatment centers are not always located in towns, cities, or neighborhoods where needs are greatest. Thus, some programs have vacancies while others have waiting lists. Moreover, new treatment programs are difficult to start — partly for lack of funds, but also because of frequent community resistance to proposed sites. Drug treatment programs vary greatly in quality and treatment methods and, because our knowledge of what works is far from adequate — especially for cocaine addiction — many programs are doubtless using approaches inappropriate to particular users' problems or are unable to provide the range of services needed. The Medicaid program, which is financed by the States and the Federal government and benefits certain of the poor, actually discourages some users from seeking treatment because a number of States decline coverage of outpatient drug treatment. Shortages of trained people to staff treatment centers — and often inadequate salaries or in-service training opportunities for current staff — also impede the ability of the system to expand.

Frequently treatment facilities fail to cooperate or to coordinate their programs. Research shows that, when no effort is made to match the treatment strategy to the user's particular psychological and drug dependency problems, only about one in five drug users benefits. But when users are matched to specific treatments, results improve dramatically. For some users, medical detoxification and outpatient counseling may be sufficient; for others, a traditional therapeutic community may be most effective; and, for another group, a spiritually-based rehabilitation program may provide the pathway to a drug-free life.

If the treatment system is to be improved, all of these inefficiencies must be addressed. Despite a number of recent initiatives by the Federal government — testing of promising new forms of treatment, demonstrations of treatment methods, outreach efforts, and expanded research — a great deal more remains to be done.

The efficiency of the drug treatment system can and will be improved by actions taken at the Federal level. In their Treatment Plans, the States will be required to outline how their funds will be used to improve their treatment systems. For example, the States will describe

actions they will take to make individual treatment facilities more accountable for their effectiveness; to better match drug users with appropriate treatment methods or facilities; to overcome obstacles to site expansion; and to improve coordination with social, health, and employment service agencies.

In addition to requiring the States to improve the efficiency of their treatment system, the Federal government will support demonstration projects to provide States and localities with models for improvement. Some of these projects will demonstrate ways to improve the screening and referring of drug users through centralized intake and referral units, which provide a central point of contact for addicts in a city or metropolitan area. Other demonstration projects will develop models for improving coordination with social, health, and employment agencies, and for improving the training of staff.

Getting More Users Into Treatment

Waiting lists and system inefficiencies do not, however, explain adequately why the number of drug users being treated is so low relative to overall need. An additional explanation must be considered: that, despite the many drug users who come to treatment via the courts, the treatment system remains largely voluntary.

It is time to reexamine the premise that voluntary drug treatment should continue to be the mainstay of our treatment system. This premise overlooks the fact that people take drugs because, at least initially, they are pleasurable, and that drugs seriously erode an individual's judgment about where his best interests lie. It overlooks the fact that a substantial number of our roughly one million intravenous drug users avoid treatment, exposing themselves and others to the deadly AIDS virus. And it overlooks the fact that too many people who use drugs — including many with severe drug dependencies — do not want to be treated. For a variety of reasons, they prefer life with drugs to life without them.

Clearly, relying on the addict alone to initiate treatment is insufficient. When treatment is voluntary, the addict is in the driver's seat. Decisions about whether and when to start treatment, and when to stop it, are entirely up to him. Many addicts seek treatment in detoxification facilities on a "revolving door" basis: they return periodically to reduce their drug habit to more manageable, and more affordable, proportions. Over half of those who enter therapeutic communities drop out before completing the program. In methadone treatment programs for heroin addiction, urine monitoring often shows that the addicts are not taking the methadone, or are taking illegal drugs other than heroin. Addicts who drop out of treatment and addicts who are permitted continued drug use are in fact being inadequately treated.

Selected Characteristics of Drug Treatment Patients

Characteristic	Type of Treatment: Outpatient (Methadone) %	Outpatient (Non-Methadone) %	Residential %
Previous treatment for drug abuse	75	34	53
Referral through the criminal justice system	3	31	31
Public assistance as the source of income	24	14	11
Private health insurance coverage	17	28	14

Source: *Drug Abuse Treatment*, University of North Carolina Press, 1989

A number of programs address these problems by constantly monitoring the user's progress, often through random urinalysis, and by using positive as well as negative reinforcement. Applying both the carrot and the stick helps to instill in the addict a sense that he is accountable for his condition, and that he is responsible for changing it. Sanctions used range from denial of methadone or transfer to a more structured program, to loss of job, weekend passes, or visiting rights in residential treatment programs. Positive incentives include granting various privileges, such as access to job training and leisure activities, and decreased frequency of compulsory testing or treatment.

Expanding the capacity of the treatment system will not, in and of itself, cause those users who now resist treatment to change their minds. For that, we need to expand and intensify measures which persuade, encourage, and, if necessary, require addicts to seek treatment. Holding users accountable through a range of sanctions, including fines, publishing names in the newspaper, community service, and prison substitutes, will persuade many to seek treatment rather than face the alternatives.

States should consider expanding the use of "civil commitment," whereby addicts convicted of criminal offenses are sent by the courts to treatment facilities, in lieu of or in addition to incarceration. Research indicates that voluntary and involuntary treatment patients do equally

well. One of the more carefully studied involuntary programs is the California Civil Addict Program. Its effectiveness seems to be a result of close monitoring, including frequent urine testing after release, and a policy of re-incarceration following a positive test, with intensive supervision by well-trained specialists. Civil commitment holds promise as a means of getting more addicts into treatment. In many States, however, the judicial procedures necessary for civil commitment are exceedingly cumbersome. The Federal government will conduct a thorough study of the use of civil commitment by the States, including obstacles to its wider use, leading to the drafting of a model State civil commitment law.

Prisons can provide an opportunity for treatment, and more such programs should be designed, demonstrated, and evaluated. The New York "Stay 'N Out" program is one of the few prison-based programs that has already been evaluated, and its results are encouraging. States currently have the authority to use funds made available through the Federal law enforcement assistance program for prison and jail treatment programs, and they will be encouraged to use a portion of increased funds for this purpose.

Employers have an important role to play in increasing participation in treatment. Many industries have established Employee Assistance Programs to help employees with drug or alcohol dependency problems that affect job performance. Such programs are designed to identify troubled employees and to encourage and assist them in obtaining help. More employee treatment programs are needed. Companies that do not have plans should start them, and companies with plans that currently deal with alcohol abuse but not drugs should expand them to cover employee drug use — with provisions for referral to treatment. The Federal government will encourage private employers to adopt Employee Assistance Plans that cover drug use.

Better Information

There are many gaps in our knowledge of the treatment system. We need better information about who enrolls in treatment programs — the types of drugs they are using, their treatment history, and their rate of recidivism. We also need better information about the programs themselves -- their methods, success rates, and clientele. We need to better understand what treatment methods work for different types of addicts and different drug dependencies. We especially need to develop and test a variety of new models of treatment for cocaine and crack, including but not limited to the development of medications that block the craving for and effects of cocaine. The Federal government has had lead responsibility for setting and adequately funding the research agenda in this area, and funding will be increased. But we should also encourage more

private sector involvement in research comparable to that done in other health areas by the Diabetes Foundation, the Kidney Foundation, the American Cancer Society, and the March of Dimes.

Drug-Impaired Pregnancies

Young women are one of the fastest growing crack-user groups. Many become pregnant while continuing to use the drug, endangering not only themselves but, more tragically, their unborn children, who may be born prematurely with low birth weight and a range of serious birth defects. At some major hospitals, as many as twenty percent of all expectant mothers tested positive for cocaine. We are also now seeing reports that some young women, not necessarily regular cocaine or crack users, are taking the drug during the final stages of pregnancy in the belief that it causes a faster, easier delivery. As they develop, the children of these women frequently exhibit learning and behavioral disorders. An estimated 100,000 "cocaine babies" are now born each year.

More research is needed to test models of outreach and treatment for such women, and Federal research programs will make this a high priority. One promising treatment program at Northwestern University Hospital in Chicago has achieved a 40 percent abstinence rate and a 60 percent reduction in the drug use rate through out-patient treatment of drug-dependent pregnant women. States will be encouraged to make outreach efforts to and identification and treatment of expectant mothers who use drugs a top priority in their drug treatment plans. The Federal government will support research and demonstration projects around the country to design and evaluate effective methods of treating these women and their infants.

Education, Community Action, and Workplace: Priorities

- Implementation of firm drug prevention programs and policies in schools, colleges, and universities. Such programs and policies will be a condition of eligibility for receipt of Federal funds.

- Development of model alternative schools for youths with drug problems. Federal assistance to local education agencies will promote such development.

- Federal support for community-wide drug prevention efforts.

- Federal support for development of anti-drug media outreach activities that deal with the dangers of using illegal drugs — particularly crack — and with drug-impaired pregnancies.

- Creation of a national program to mobilize volunteer efforts to prevent the illegal use of drugs.

- Implementation of Executive Order 12564 to ensure a drug-free Federal workforce.

- Drug-free workplace policies in the private sector and State and local government, including clear penalties for drug use, and drug-testing where appropriate.

- Establishment of a Demand-Reduction Working Group, chaired by the Office of National Drug Control Policy, to carry out the statutory requirement to "coordinate and oversee the implementation by National Drug Control Program agencies of the policies, objectives, and priorities" defined in the National Drug Control Strategy. This group will consider demand-related drug policy issues that are interdepartmental in nature. It will not deal with operational decisions or have line authority or responsibility.

Education, Community Action, and the Workplace

In the war against illegal drug use, the real heroes are not those who use drugs and quit; they are those who never use them in the first place. This is the primary goal of prevention: to see to it that Americans — especially school children — never start down a slippery slope of drug use that begins with "experimentation" but can culminate in dependency. For those school children and adults who have already begun to use drugs, the goal is a rather different one: to get them to stop.

There are two ways to influence whether an individual decides to use drugs. One is to make him not to want to use them. Information and moral persuasion obviously help shape an individual's preferences, attitudes, and desires. The other approach is to make an individual fear the consequences and penalties that society will impose for drug use by making it clear that the costs will outweigh whatever temporary benefits drugs can provide. Traditionally, the "education/persuasion" strategy has been thought of as demand reduction and the "consequences" strategy as supply reduction. In reality, both reduce demand, and both are essential to an effective prevention strategy.

We have recently improved our knowledge about what works in preventing young people from using drugs. Much previous effort, we now know, was not successful. The passive approach — presenting young people with information on the harmful effects of drugs, often in a context devoid of moral judgment, did little to curb demand. In fact, it may even have fueled it by stimulating young people's curiosity about drugs.

What does work is a more confrontational approach in which every facet of society clearly communicates that drug use is unacceptable. Schools have a major role to play in prevention, not only by presenting accurate information about drugs, but also by developing and enforcing firm, consistent policies that discourage their use and sale. But there

are other major influences in a young person's life, and they too should be heard from without equivocation. Families — parents and siblings — must make it clear that drugs are unacceptable, and they must intervene at the first sign of drug use. Neighborhoods and communities must confront drug use, potential and actual, at every turn. Businesses and employers must make it clear that drug use and employment are incompatible. In short, young people and adults alike must be consistently confronted with the same message: drugs are wrong, they are harmful, and their use will bring certain consequences.

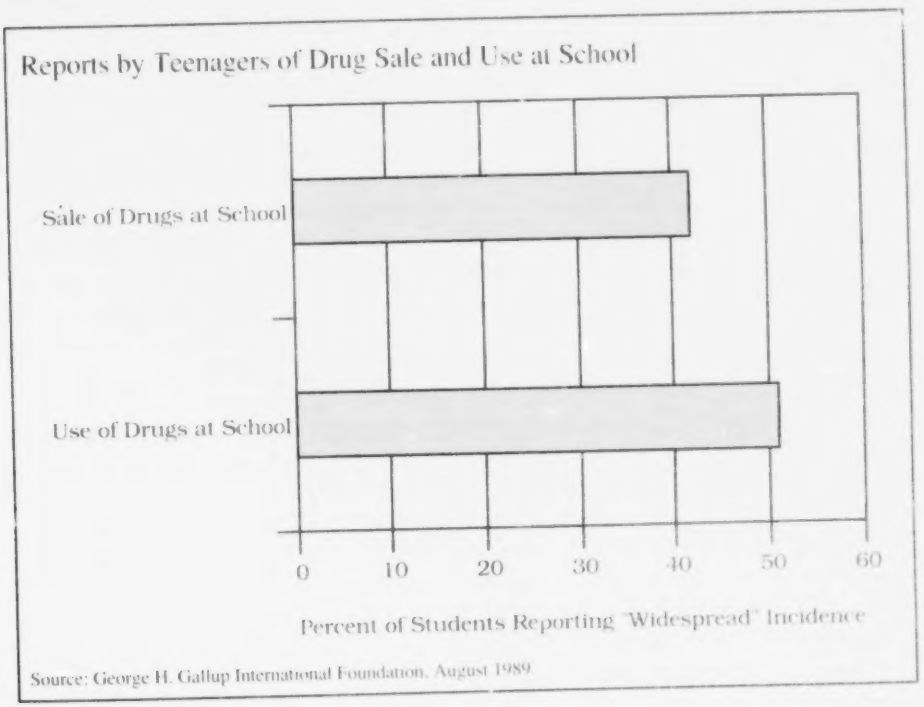
In recent years, more and more Americans have begun to realize the harm caused by drugs — to their health and to their character. As a result, in spite of increased drug availability and falling prices, overall use has begun to decline. Among young people, surveys report a steady increase in negative attitudes toward drugs, which augurs well for the future. But drug use persists. One drug — crack — has stubbornly resisted our prevention efforts. Crack's stranglehold on hundreds of thousands of young Americans is tightening. To date, the crack plague has been concentrated in our central cities, but it has begun to spread to suburbs and small towns. Frequent cocaine and crack users are growing in number. Reaching these young people — many of whom live in impoverished circumstances, attend poor schools (from which they frequently drop out), and engage in criminal activity — is our most difficult and urgent challenge. Though the legislated mandate of the Office of National Drug Control Policy excludes alcohol (since it is not a controlled substance under the law), it must be recognized that alcohol is still the most widely abused substance in America. It is illegal for young people to purchase or consume alcohol. Prevention programs must obviously take this fact into account.

A young person's first line of defense against drugs is his own moral compass, a product of values internalized from religion and from the family. Parents are children's first models for behavior and belief. Raising children is never easy, and raising them in poverty, in neighborhoods infested with crime and drugs, and in families with only one parent can be extremely difficult. But regardless of circumstances, parents can set a good example for their children by never using illegal drugs. They can monitor their children's activities, know their friends, and establish standards of behavior. Parents can take the time to learn about legal and illegal drugs — what they look like, and what symptoms of their use involve — and can intervene at the first sign of their use. The earlier that intervention occurs, the better our prospects for stopping drug use.

Education

After parents, school is probably the most powerful influence on children's lives. School is where most children spend the majority of their daylight hours. It is where they meet their friends and form peer groups. It is where adults have the best opportunity for structured, sustained interaction with children. And, for many young people, school is where they first learn about (and in some cases, obtain) illegal drugs. Half of all teens in a recent national survey said that drugs were being used in their schools, and four in ten said that they were being sold there.

For schools located in inner cities or other neighborhoods where there is chronic poverty, fighting drugs requires more than drug policies and drug programs. Policies and programs are necessary, but they must be part of an overall approach to education that embodies certain key principles. Effective schools hold to the view that every child can learn, no matter what the circumstances of his birth or environment. Effective schools have strong principals who know that parents and all adults must work with teachers to instill in children an ethos of achievement. Effective schools know that disadvantaged children respond best when expectations are high, not low, and when goals are raised, not lowered. And effective schools help children develop those



qualities of character and notions of right and wrong that American society has always prized. When such schools teach that using drugs is wrong, students pay attention.

American schools have been educating students about drugs for more than twenty years. About 75 percent of all high school seniors have been exposed to some sort of drug education in school. Until very recently, most schools offered a "unit" on drugs as part of the health or physical education curriculum. The focus was on providing information about the various types of drugs, their physiological effects, and their health consequences.

In light of the growing consensus that merely providing young people with information about drugs doesn't work, a number of schools adopted a different approach. On the assumption that youths turn to drugs because they lack self-esteem and a positive self-image, many schools began working to improve students' sense of self-worth, but without specific reference to drugs. The jury is still out on the effectiveness of this approach, but many educators believe that, without other measures, it too will fail to deter drug use.

Since about 1980, a new approach to preventing student drug use has shown promise. Often called "refusal skills training" or "resistance training," this strategy grew out of previous and apparently successful efforts to teach adolescents how to say "no" to smoking. This approach seems to work because it correctly recognizes the enormous role peer group pressure plays in influencing decisions to try drugs. By age 16, one in three teens has been approached to use or buy drugs. So resistance training seems to give young people the practical social skills they need to handle such pressure. Unlike some previous school-based approaches, resistance training takes a firm moral stand that using drugs is wrong and *should* be resisted.

School-based prevention programs should be reinforced by tough but fair school policies on use, possession, and distribution of drugs. Avoiding such policies sends our young people a decidedly mixed signal. We cannot teach them that drugs are wrong and harmful if we fail to follow up our teaching with real consequences for those who use them. Too many school systems still lack the kind of policies implemented in Anne Arundel County, Maryland, where the number of school drug offenses has declined by more than 80 percent since 1980.

Anne Arundel's drug policy is simple and straightforward. Any student caught selling or distributing drugs is immediately expelled. When a student is caught using or possessing drugs, the school notifies the police, calls his parents, and suspends him for one to five school days. In order to return to school, the student must participate in counseling and agree to participate in the district's after-school drug program. Students caught using or possessing drugs a second time are expelled.

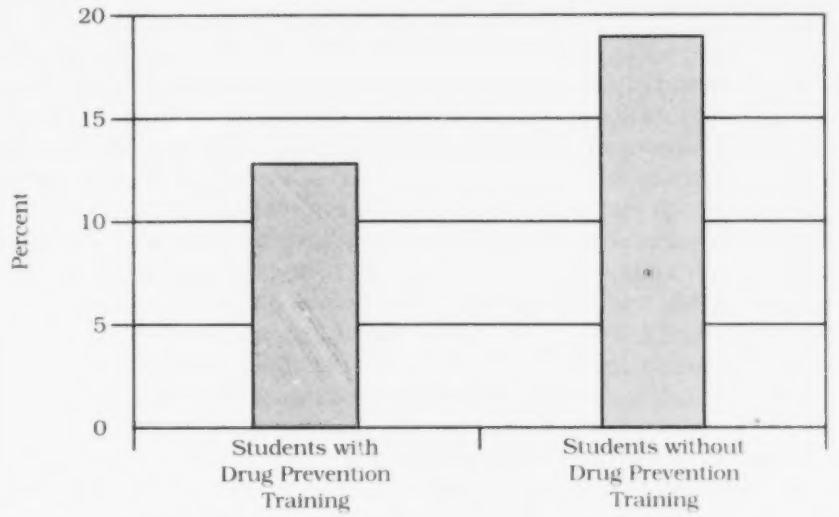
Policies like these have been criticized for adding to the dropout problem. But experience shows that firm policies fairly enforced actually reduce the number of students who must be expelled for drug violations; most students choose to alter their behavior rather than risk expulsion. Concerns about dropouts can be further addressed by establishing alternative schools and educational programs for students who are suspended or expelled. In Anne Arundel County, for example, over 90 percent of students suspended or expelled eventually return to school under close supervision. At Flowing Wells High School in Tucson, Arizona, students with drug problems can attend either of two alternative programs. A Reentry Program is intended primarily to help dropouts resume their education. Inscape is an off-campus program that offers counseling and other personalized assistance. Both programs have been highly successful with drug-involved problem students.

In the current fiscal year, the Federal government will spend more than $350 million to support school-based drug education programs. In the next fiscal year, the Administration is seeking $25 million more for emergency drug education grants, intended for urban areas with major drug problems. Federal policy should do more than just provide funding, however; it also should require a commitment by educational institutions to firm anti-drug programs. The Federal government will insist on tough, firm, fair policies on student drug use as a condition for receipt of *any* Federal funds. The Federal government will similarly require implementation of comprehensive drug education programs for elementary and secondary students.

Moreover, the Federal government will put greater resources into research designed to identify the most effective means of involving schools in preventing student drug use. Carefully monitored demonstration projects — with control groups, independent testing, and follow-up research — will be funded to determine what kinds of prevention programs work best, and why. The Midwestern Prevention Project (Project STAR) in Kansas City, a community-wide prevention program involving the schools, is an example of the kind of study that needs to be replicated. Resources will also be devoted to promoting alternative educational approaches for students with drug problems who are unable to succeed in a regular classroom environment. Information will be disseminated about promising models, and demonstration grants will be supported.

Finally, the Federal government will work to keep drugs away from our schools, playgrounds, youth centers, and other places frequented by young people. States are encouraged to enact legislation comparable to the Federal "Drug Free School Zones" law. Currently, about 14 States have failed to propose or pass such legislation. In those States which have enacted legislation, greater efforts should be made to help local communities and law enforcement agencies implement and enforce the law.

The Impact of Kansas City's Project STAR:
Percentage of Students Acknowledging Marijuana Use in the Past 30 Days



Source: Project STAR Research Findings, 1984-87

Of course, we cannot give our students one message while they are in elementary or high school and another when they enroll in a college or university. The thirteen million students at our institutions of higher learning should know, just as all other students should know, that society will not tolerate the use of drugs. But too many colleges and universities have remained diffident when it comes to drugs. Most colleges pay lip service to the war on drugs, but only a handful have instituted policies comparable to Anne Arundel County's. Rarely has a college president sent letters to all incoming freshmen saying "Drugs will not be tolerated on this campus." One institution that *has* taken a firm stand is the University of North Carolina system, whose policy states with ringing clarity: "Drug abuse will not be tolerated by the University and ... those who persist in such unacceptable conduct will be punished."

Under the 1986 Higher Education Act Amendments, colleges and universities must have a drug prevention program in order to participate in Federal student financial aid programs. Until now, this requirement could be met by providing a routine assurance to the Department of Education that such a program exists. More is required of our colleges and universities. In the future, the Department of Education will require institutions to develop and make available for review

detailed descriptions of drug prevention programs and policies. These plans should clearly address the consequences to faculty, staff, and students of using drugs on campus. And these plans will be required as a condition of eligibility for any Federal aid — including grants and contracts, not just Student Financial Assistance.

Community Action

Schools and colleges can do a great deal to deter student drug use, but they can't do it alone. Many of the youths who statistically are at greatest risk of using drugs and becoming involved with crime are dropouts who cannot immediately be reached through school-based programs. So our anti-drug message is stronger, more consistent, and more credible when entire, organized communities are involved as well.

Communities across the country are fed up with drugs; many are beginning to fight back. In Miami, the Miami Coalition is bringing together leaders from business, higher education, government, and law enforcement to develop a comprehensive drug prevention strategy. In San Francisco, the U.S. Department of Health and Human Services is working with the Mayor's Drug Task Force — made up of representatives from neighborhood-based agencies, corporations, health service providers, tenant associations, and city departments — to develop programs for fighting crack in the city's housing projects. In Toledo, Ohio, CARES (Chemical Abuse Reduced through Education Services) is a county-wide prevention coalition composed of public and private school districts, law enforcement agencies, drug and alcohol agencies, the media, businesses, churches, family groups, and the juvenile court system. Many other communities stand ready to take on illegal drugs. When the Robert Wood Johnson Foundation recently announced a program of grants for community drug prevention efforts, more than 450 towns and cities responded.

Churches have a special role to play. Drug use is a moral problem, too, and more of our religious institutions must raise their voices against it. One minister of an inner-city church in Washington, D.C. recently led 100 members of his congregation on a march to a drug-infested public housing project. And there are other ways our churches can contribute, even by offering the use of their facilities to Narcotics Anonymous and other self-help groups. These programs work, and they are a low-cost way for churches to aid their communities in the prevention effor..

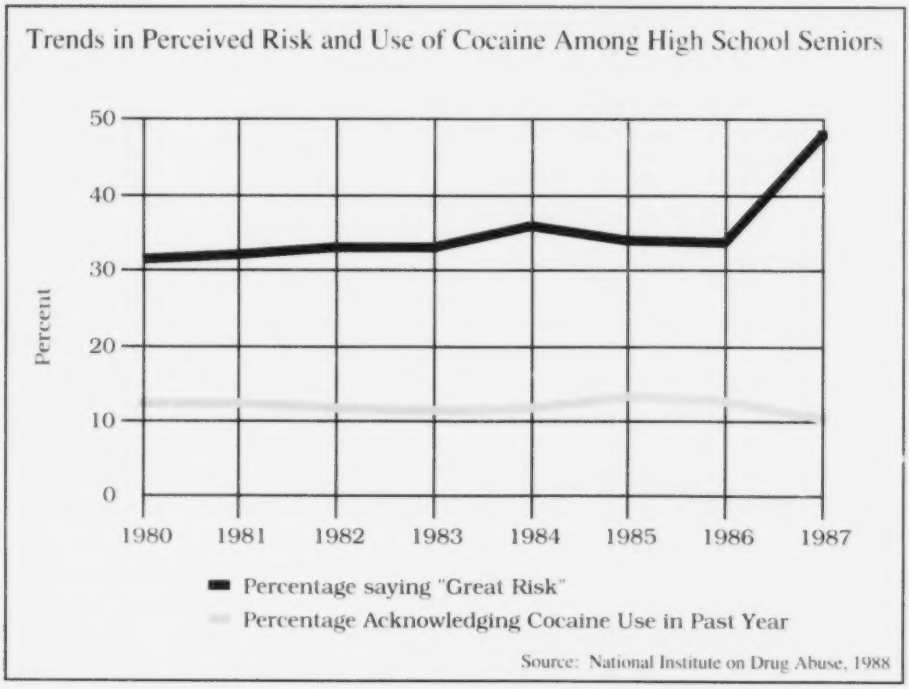
Federal policy should encourage more communities to mobilize against drugs. To this end, the Administration will seek $135 million for a new program of grants for drug use prevention, with an emphasis on substantial voluntary participation from the community. To assist

communities that want to fight back against drugs but don't know how or where to begin, the Federal government will provide information, technical assistance, and referrals to appropriate Federal resources through a drug clearinghouse.

Thousands of individuals throughout the country want to do their part to combat drugs. In a recent survey, three of four teens and half of all adults said that, if asked, they would volunteer their time. But there is no single place for them to go to find out how they can help. The Federal government will encourage, galvanize, and direct the energies of such people through the President's National Service Initiative. Under the auspices of this new Presidential initiative, groups of volunteers of all ages will be organized to prevent drug use in their communities with new ideas and programs that have proven successful elsewhere. Volunteers will work in drug treatment clinics, schools, hospitals, and community and social service organizations.

Changing Attitudes Toward Drugs

Intensive, well-conceived, and sustained media campaigns can help to shape public opinion and attitudes about drugs. Many people believe



that the anti-smoking campaign of the 1970s had a great deal to do with reductions in teen smoking during the past decade. Recently, the same kind of attention has been directed to drugs. One laudable example is the Partnership for a Drug-Free America's campaign to encourage negative attitudes toward drugs and to label drug users as unpopular losers. Another is the Federal government's "Be Smart...Don't Start...Just Say No" campaign. Less useful — and probably even counterproductive — are commercials in which sports and pop music stars who are reformed drug users tell young people not to do as they have done. Such commercials may lack credibility, and they also carry an unintended message: that you can do drugs and still be rich and successful.

There are indications that all of the negative attention drugs have been getting in the media may be paying off. According to the University of Michigan's annual survey, the percentage of high school seniors who perceived a "great risk" in smoking marijuana rose from 35 to 77 percent between 1978 and 1988. More recently, between 1986 and 1988, the percentage who disapproved of using cocaine increased from 82 to 89 percent.

We've got to keep the pressure on. High school senior surveys don't fully measure opinion in youth groups hardest hit by dropout rates. We need to develop targeted media campaigns that reach disadvantaged and inner-city youth about the dangers of crack, PCP, methamphetamine, and other drugs. We badly need educational films, radio and television public service announcements, and other forms of outreach that warn young women about the dangers of taking drugs during pregnancy. And we need films aimed at those young people who are involved in drug trafficking as dealers or lookouts. The television and film industries have already done a great deal, but they must do more. The motion picture industry should strengthen its commitment to making films that contain a clear, unambiguous no-drugs message. The Federal government will continue to do its part by sponsoring targeted anti-drug messages through the media.

Those adult professionals who enjoy positions of special trust, respect, and responsibility in the community must take a clear stand on drug use. The national organizations that represent doctors, lawyers, school teachers and college professors, sports figures, police, and other professionals should set firm, no-use policies, and should announce clear sanctions for violators. Organizations that employ or license such professionals should adopt similar policies.

Finally, we need to get our anti-drug parents' groups more involved in our inner cities. They have broad knowedge and experience about preventing young people from using drugs. We need them to apply their skills both to our hardest-hit areas and to our toughest drug problems: cocaine and crack — as well as gateway drugs such as marijuana.

The Workplace

Just as schools are central to drug use prevention for young people, the workplace is a focus of prevention for adults. The majority of illegal drug users in the United States are 18 to 40 years old and employed. Some experts believe that as many as 20 percent of all American workers use illegal drugs on the job. Compared to their co-workers, employees who use drugs are far less productive; they miss more workdays; and they are more likely to injure themselves or someone else. The financial cost of illegal drug use on the job includes higher medical bills and insurance premiums, productivity losses, and even business failures. And more than just money is lost. In 1987, for example, a Conrail employee who later tested positive for marijuana was at the controls of a locomotive when it collided with another train in Chase, Maryland. Sixteen people died and 174 were injured.

As early as the 1940s, corporations began to recognize the effect of alcohol impairment on productivity, and they established Employee Assistance Programs (EAPs) to identify and arrange treatment for alcohol abusers. Today, over 80 percent of large U.S. firms have EAPs, and 31 percent of all American workers are employed by companies with EAPs. Many of these plans — but by no means all — have been expanded to include treatment and counseling for employees who use illegal drugs.

When combined with clear policies on illegal drug use, Employee Assistance Programs can benefit both employees and employers in several ways. First, these plans deter employee drug use. Because anyone using drugs stands a very good chance of being discovered, with disqualification from employment a possible consequence, many will decide that the price of using drugs is just too high. Second, EAPs keep the workplace safe and productive by identifying those employees who could pose a danger to their fellow workers. And third, EAPs help employees who have drug problems by referring them to treatment, counseling, and rehabilitation.

As drugs have become more prevalent in the workplace, many corporations have begun to use drug testing as a means of identifying employees in need of assistance. The Bureau of Labor Statistics estimates that 3.9 million job applicants were tested in 1988; 11.9 percent of them tested positive. Drug testing is used in different contexts for different purposes. Pre-employment or applicant testing is probably the most common form. Other types include post-accident or for-cause testing (used in cases where drug use is suspected); scheduled testing (for example, during routine physical examinations); random testing (often applied to job categories that affect public safety or security); and testing as a follow-up to treatment, in order to monitor the patient's success in staying drug-free.

Despite broad public support for drug testing, the practice remains controversial. The chief criticisms are that testing is an invasion of privacy, that the results may not be confidential, and that they are not sufficiently accurate. Federal guidelines published in 1988 respond to these concerns, providing significant protection for tested employees. By clearly specifying steps to be followed from specimen collection to reporting of results, confidentiality is maintained. If laboratories engaged in drug testing met standards equivalent to those prescribed for the Federal drug-testing program, the chances of an individual being wrongfully accused of using illegal drugs would be greatly reduced. These procedures have been followed for several years in the American military where, with testing, drug use has been cut by 82 percent since 1981.

In the business world, IBM's Employee Assistance Program is recognized as a model. IBM tests all job applicants for drugs. If the result is positive, the individual is rejected for employment and must wait six months before he can re-apply. If an employee exhibits a decline in work performance, unexplained prolonged absences, or other erratic behavior, his supervisor may report such observations to the company's medical department. Following a consultation with a company physician, a medical evaluation may be required, including, at the physician's option, a drug test. Employees in "Safety-Sensitive" positions cannot continue to perform their jobs without a drug test, and refusal to take one could result in termination. When there is a positive result, and no medically-acceptable explanation can be found, the company assists the employee in seeking treatment. In order to return to work, the employee must become and remain drug-free, participate in an appropriate rehabilitation or treatment program, and consent to be monitored by the company physician, including periodic, unscheduled urine testing.

The Federal government has a responsibility to do all that it can to promote comprehensive drug-free workplace policies in the private sector and in State and local government. Employers will be encouraged to: 1) develop and communicate to all employees a clear drug policy setting out expectations of behavior, employee rights and responsibilities, and actions to be taken in response to an employee found to use illegal drugs; 2) establish an Employee Assistance Program or other appropriate mechanism; 3) train supervisors on how to identify and deal with employees who are using drugs; 4) educate employees about the established plan; and 5) provide careful means to identify employees who use drugs, including drug testing where appropriate. The Federal government will also move quickly to implement and strengthen regulations for the Drug-Free Workplace Act of 1988, which requires Federal contractors and grantees to have drug-free workplace plans in effect.

Within the Federal government, all agencies will proceed with their implementation of Executive Order 12564, which requires Federal drug-free workplace plans. These plans will be comprehensive. They will also provide for drug testing of appropriate categories of employees as required by the Executive Order and in accord with recent court decisions.

Finally, to further interagency cooperation among Federal agencies involved in the reduction of demand for drugs, a Demand Reduction Working Group, chaired by the Office of National Drug Contol Policy, will be established. The principal role of this group will be to coordinate policy and oversee its implementation.

International Priorities

- Disruption and dismantlement of drug-trafficking organizations.

- Reduced cocaine supply. Law enforcement, military, and economic assistance will be provided to the three Andean cocaine-producing countries to isolate major coca-growing areas; to block delivery of chemicals used for cocaine processing; to destroy cocaine hydrochloride processing labs; and to dismantle the trafficking organizations. Efforts in transit areas will be improved and Joint Intelligence Collection Centers will be created in the Caribbean Basin.

- Reduced heroin supply through efforts to convince other countries to exert influence on opium growers and reduce heroin processing and distribution.

- Reduced marijuana supply through strengthened foreign law enforcement and eradication, and through efforts to discourage minor producing nations from becoming major producers.

- U.S. assistance and encouragement for European community and multi-lateral efforts aimed at source country and transit country production and distribution, and at European consumption. European community support against international and regional drug organizations will be enlisted.

- Other international objectives:

  - Elevation of drugs as a bilateral foreign policy issue.

  - U.S. ratification of the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, along with other pending Mutual Legal Assistance Treaties. Other nations will be urged to ratify the Convention.

  - Support for the U.S. foreign aid certification process in order to achieve more effective supply- and transit-country compliance with American drug control objectives.

  - Bilateral and multi-lateral efforts against international money-laundering activities.

International Initiatives

The source of the most dangerous drugs threatening our nation is principally international. Few foreign threats are more costly to the U.S. economy. None does more damage to our national values and institutions or destroys more American lives. While most international threats are potential, the damage and violence caused by the drug trade are actual and pervasive. Drugs are a major threat to our national security.

A comprehensive drug control strategy must include programs for effectively attacking international production and trafficking. These programs, directed at the foreign sources of illegal drugs, support the interlocked concepts of deterrence and incapacitation, and enhance domestic criminal justice efforts by carrying the attack on multinational trafficking organizations beyond our borders. They allow us to disrupt the drug trade from cultivation to arrival in the United States, rather than merely confronting it on our streets.

Effective international efforts allow us to enlist the resources of other nations in this battle. Our country cannot alone assume the responsibility or cost of combatting drugs. Nor can we expect to counter this threat effectively without supporting and being supported by other nations. A cornerstone of our international drug policy must be a determination to work with and motivate other countries to engage their own resources and efforts to defeat trafficking. Only through broad, cooperative international efforts can we reduce the foreign drug supply to our country while motivating other nations to assist us in our drug control efforts and combat the drug menace themselves.

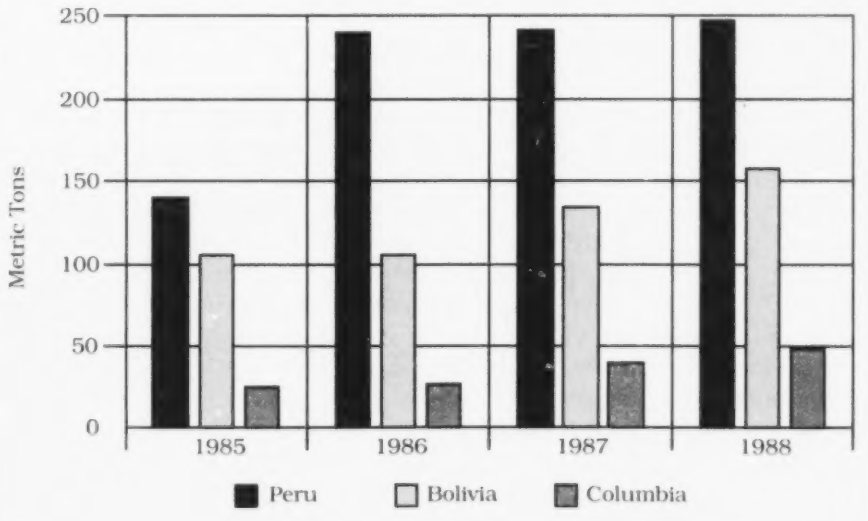
For the most part, drugs are not brought into the country by consumers — individuals who smuggle in enough for personal use or use by friends. Most illegal drugs, the most dangerous in particular, are grown, processed, and shipped or carried into the United States by multi-national criminal organizations. A focus of our international

anti-drug effort must therefore be these groups and their principal lieutenants who organize and direct the trafficking of dangerous drugs into the United States and to other nations. Every element of these organizations, including their production, processing, transportation, distribution, and financial networks, must be attacked. Consistent with our own laws and those of other nations, we must act to disrupt and dismantle the international drug trade so that trafficking organizations are put out of business. To the greatest extent possible, we must also disrupt the transportation and trafficking of drugs within their source countries, since the interdiction of drugs and traffickers en route to the United States is an immeasurably more complicated, expensive, and less effective means of reducing the drug supply to this country.

Cocaine, Heroin, Marijuana, and Other Drugs

Today, two drugs — cocaine and heroin — constitute the most serious threat to the United States. Virtually all cocaine in the United States is derived from coca grown in Peru (60 percent), Bolivia (30 percent) and Colombia (10 percent). Eighty percent of the cocaine in

Estimated Coca Leaf Production in Three Andean Countries, 1985-88



Source: National Narcotics Intelligence Consumer Committee, 1989

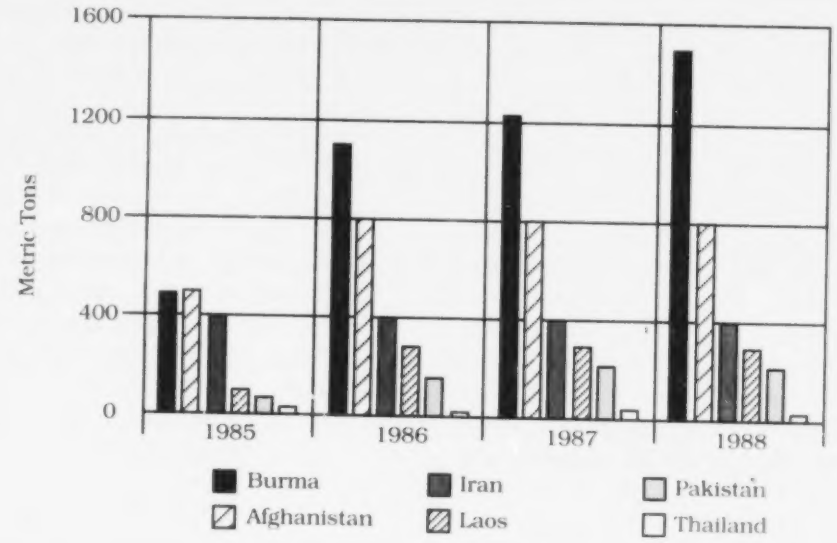
this country is processed in and shipped from Colombia. In addition to the crime and violence that the cocaine trade causes us domestically, the cocaine-producing industry is directly responsible for violence, drug-related corruption, and intimidation by drug traffickers of persons and governments in the three Andean countries where coca leaf is grown. All combine to severely impede anti-drug efforts by Andean governments.

Cocaine trafficking, moreover, is but one threat in the Andean region. Economic instability and political insurgencies also present serious challenges to democratic institutions and stability in the area. The three are interrelated; addressing one without also addressing the others is unlikely to achieve reduced cocaine supply. The challenge is to motivate the governments of cocaine producer countries to cooperate with us in significantly damaging the cocaine industry, while proceeding with anti-drug programs of their own. A comprehensive and sustained multi-year effort, involving economic, military, and law enforcement support, will be implemented to achieve these goals. The objectives of this effort must be: isolation of major coca-growing areas in Peru and Bolivia; interdiction within these countries of the delivery of essential chemicals used for cocaine processing; destruction of cocaine hydrochloride processing facilities; dismantlement of drug trafficking organizations; and eradication of the coca crop when it can be made an effective strategy. We can and must accomplish these objectives with a minimum of direct involvement by U.S. personnel. This is a cardinal point. The countries of the area must carry the principal burden themselves.

To strengthen regional support for these objectives, we must intensify cooperation with the governments of the coca-producing countries. This should involve the convening of an Andean Drug Summit within the coming year. Our participation in such a conference would permit a full exchange of views on the problem, would allow us to explain our supply- and demand-related strategies, and would ideally produce U.S. - Andean agreement about our principal goals and strategies in the area. It would also allow consideration of regional enforcement coordination among the Andean nations, and of cooperative measures to reduce their own demand for drugs. To further support anti-cocaine programs, as well as drug control programs aimed at opium and other substances, the United States should plan diplomatic initiatives to secure enhanced commitments of tangible resources from other donor and consumer nations.

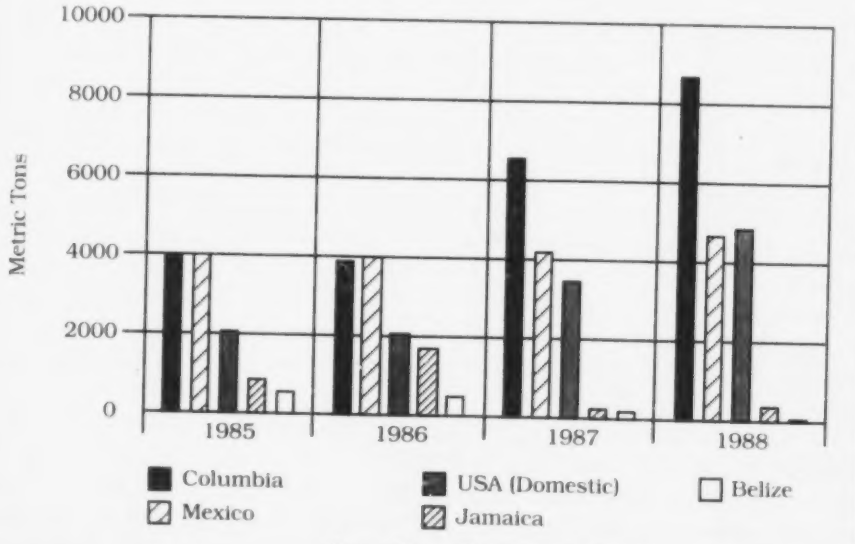
Since the overwhelming majority of cocaine shipments travel to the United States through Central America, Mexico, and the Caribbean, we must also strengthen programs to improve counter-drug efforts in these transit areas. To this end, recent expansion of the Joint Intelligence Collection Centers, which have permitted the United States and

Estimated Opium Production in Six Countries, 1985-88



Source: National Narcotics Intelligence Consumer Committee, 1989

Estimated Marijuana Production in Five Countries, 1985-88



Source: National Narcotics Intelligence Consumer Committee, 1989

governments in the Caribbean basin to develop and disseminate tactical intelligence on drug targets, has created valuable opportunities. The improved ability of 26 Caribbean countries to communicate with each other and with U.S. law enforcement agencies through INTERPOL has also strengthened cooperation in the area. In addition to supporting these efforts, the United States can provide significant support to transit-country law enforcement activities, ranging from training and technical assistance to operational support for their counter-drug activities. Here, too, the focus must be on the organizations and persons who direct and operate the drug trade.

Opium and its most dangerous derivative, heroin, pose a set of problems very different than those involving cocaine. The volume of worldwide heroin production, which far outstrips current U.S. consumption, continues to increase. With the exception of Thailand, every opium-producing nation maintained or increased its previous production levels in 1988, and the overall growth of opium production is expected to continue in 1989. In the two main opium-producing regions, Southeast Asia has replaced Southwest Asia as the principal supply source to this country.

But the United States has no compelling influence within most of the principal opium-producing countries of the world. As a result, supply-reduction efforts involving regional and international organizations or development assistance have little chance of significantly reducing the opium crop. A strategy to curtail the supply of heroin to the United States, therefore, must rest principally on three pillars: convincing countries that do have influence among the opium growers to exercise it directly and, in those countries where the United States retains some sway, encouraging law enforcement and eradication programs; using U.S. influence on countries which are processing and distribution centers — for example, Malaysia, Thailand, Hong Kong, and China; and more effectively applying interdiction measures at the U.S. border, especially at Ports of Entry. Better strategic and operational intelligence (addressed in a subsequent chapter) is crucial to realizing these goals.

Colombia is the major source of marijuana available for use in the United States, providing roughly 40 percent of the total American supply. Mexico produces 25 percent of the marijuana available for U.S. consumption and 10 percent comes from other countries. The remainder of the U.S. market — 25 percent — is supplied by domestic cultivation. To curtail the foreign supply of marijuana we must conclude agreements with major producing countries to strengthen foreign enforcement efforts through training, logistical, and intelligence support. We must also help develop accurate crop estimates as a basis for control-related activities. And we must support eradication programs where they are best applied. A second focus of our strategy must be to discourage still minor *cannabis* producers in Central and South

America, East Asia, and Africa from becoming major marijuana producers. Multi-lateral efforts by consumer nations, along with bilateral initiatives and effective public diplomacy, must be adapted to specific country situations.

In certain areas and circumstances, eradication may be the best and most cost-effective approach to drug crop suppression. In others it can be self-defeating, driving farmers into the ranks of anti-government insurgency movements, or displacing them to other areas which cannot easily be reached. Eradication is likely to work best where there is little or no resistance from the host government, where enforcement efforts have broken the back of trafficking networks and crop profits have been driven down, where the possibility of crop displacement — growers shifting their production to other areas — is limited, and where strong employment alternatives exist or can be readily created. Careful case-by-case consideration must be given to eradication programs — for their potential effect on total country production, for their marginal costs and benefits when compared to other counter-drug programs in the same country or area, and for their likely political consequences.

In addition to cocaine, opium, and marijuana, other dangerous drugs and substances threaten the nation. The importation of precursor chemicals to produce methamphetamine in domestic laboratories is a particular problem in the Western and Southwestern States, where it is exceeded only by crack cocaine as a major drug problem. The illegal importation of ergotamine tartrate, which is used to produce LSD, and the smuggling of MDMA ("ecstasy") and amphetamines must also be targets of our overall effort.

In order to address this last set of problems we must attack the ability of traffickers to move material in bulk either across the nation's controlled but mostly unsupervised land border or through air, land, and sea Ports of Entry. Doing so requires expanding enforcement efforts by the Border Patrol, increasing conveyance and container inspections, and, in the case of imported chemicals, establishing broad international controls and cooperative monitoring and enforcement programs with other countries.

Foreign Policy Initiatives

We have worked hard to achieve international consensus on the drug supply threat. An important milestone was reached with the passage of the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, adopted in Vienna on December 19 of last year. The Convention calls for criminalization of the production, cultivation, transportation, and trafficking of cocaine, heroin, marijuana, and other dangerous drugs. It also calls for

criminalization of chemical precursor trafficking and money laundering, and provides for seizure of assets, extradition of drug traffickers, transfer of criminal proceedings, and training and other forms of cooperation.

The Convention is of fundamental importance to effective international cooperation to combat drugs. The United States must ratify it as soon as possible and pass implementing legislation to give it teeth. We must also make foreign country ratification a priority issue in bilateral relations, especially with major drug producing and transit countries.

In other areas of foreign policy concern, certain countries and regions present special opportunities, both to international drug traffickers and to the U.S interest in destroying the international drug trade. These include: Western Europe, which increasingly regards drugs as a direct and immediate threat and where the consumer market, especially in cocaine and heroin, continues to grow; and the Soviet Union and Eastern Europe, where within a few years Asian heroin and other drugs have penetrated the social fabric, leading in June of last year to the first Eastern Bloc antinarcotics conference in Tashkent. Limited and focused cooperation in several other countries and regions may provide the United States with high rewards in combatting drug traffickers and drug trafficking organizations.

American initiatives must be tailored to specific situations. With respect to Europe, for example, U.S. strategy will aim at four principal objectives: first, assisting the European Community to develop strong demand reduction policies, strategies, and programs, with the goal of substantially undercutting the European drug market, forcing down drug producer profits, and weakening the international trade; second, assisting the European Community to strengthen its own supply reduction mechanisms, especially enforcement programs and intelligence and information exchange; third, engaging states of the European Community in multilateral efforts with the United States to control source country and transit country production, processing, and trafficking, particularly of cocaine and heroin; and finally, engaging European Community support for international and regional organization actions involving producer countries and areas, especially where the United States has little or no direct influence.

We must be prepared to share our knowledge and our concern with the Soviet Union and Eastern European nations and be willing to engage them in cooperative counter-drug activities. And we should be prepared to take advantage of special opportunities provided by other countries with which we may have minimal or no diplomatic relations. Cuba, for example, might effectively block rather than facilitate the passage of drug-carrying aircraft toward the United States. The Cuban government has the ability significantly to disrupt current trafficking. It remains to be seen if it will do so aggressively.

Vigorous international law enforcement is a priority concern. To the same degree that we make drug users and drug dealers accountable for their actions within our own country, we must help other countries strengthen their enforcement capabilities and their laws to hold drug offenders accountable within their own territory. Where needed, law enforcement training, special equipment, and logistics support should be made available to foreign agencies. Law enforcement information exchange mechanisms with foreign governments should also be improved.

We should press for agreements with major drug-producing countries to strengthen international law enforcement cooperation. Included in such cooperative efforts should be: Mutual Legal Assistance Treaties, which enable American law enforcement authorities to obtain evidence abroad in a form admissible in U.S. courts, and which facilitate investigative and prosecutorial assistance between the United States and treaty partners; extradition agreements; agreements to strengthen the conspiracy laws of other countries; and strong asset seizure and financial targeting measures. The Mutual Legal Assistance Treaties that have been before the Senate for many months need to be ratified.

We should also urge the participation of the developed countries — including European Community member states, Japan, Australia, and Canada — in the formation of a standing consultative group to support anti-drug activities by drug producing countries.

We must continue to assist countries in their anti-drug programs through existing international and regional organizations — including the United Nations — although our support for these organizations must hold significant promise of increasing the international commitment to drug control. U.S. support cannot substitute for the focus and influence afforded by bilateral and multi-lateral agreements specifically directed at drugs.

Concerted international efforts, directed by national leaders, are needed to make substantive changes in world opinion regarding drugs. Priority consideration should be given to convening at an early date a drug summit that represents source, transit, and consuming countries — but only following carefully developed preparatory steps, including consultations with all participant states, and only after we have met with the leaders of the Andean states.

The legal requirement for certification of major drug producer and drug transit countries can be used to combat international trafficking and production operations. This certification requirement, which went into effect following passage of the 1986 Anti-Drug Abuse Act, establishes a direct relationship between American assistance to major illicit drug producing and transit countries and their positive performance on drug control. The President must certify the adequacy of these countries' efforts to suppress illicit drug production, trafficking, and money

laundering, or their full cooperation with American anti-drug efforts. If the President fails to certify a country, or if the Congress disapproves a certification, the United States must withhold most economic and military assistance, along with support for World Bank and other loans. The President retains the option to grant trade concessions.

The threat of decertification can strain relations with countries with which we have major foreign policy interests. Properly used, however, it can be an important tool in motivating foreign governments to help attack the drug trade. Moreover, the certification process substantially supports our position that, just as we are committed to reducing our own voracious demand for drugs, every foreign government must be committed to controlling the drug problem within its own territory. Governments, in short, must be held accountable for their own performance. In bilateral relationships with illegal drug producing and transit countries, therefore, the United States must emphasize the requirement for cooperation with our anti-drug efforts, and for effective independent actions to suppress the drug trade. And we must be prepared to decertify countries that willfully permit drug traffickers to continue operations within their national territory. To strengthen the effectiveness of the certification process, we should also seek to establish with each producing and transit country annual and long-term performance goals.

A vigorous, coordinated public diplomacy program is also essential if the United States intends to broaden support for its international counter-drug objectives. In the past, programs in this area have been hampered by the lack of importance given by this country to the drug issue as a foreign policy concern. We must develop and articulate a broad, meaningful public diplomacy program in a manner that will increase the level of international intolerance for illicit drugs and motivate international public and private sector actions to eliminate drug production, trafficking, and consumption. Our public diplomacy programs should help other countries reduce their demand for illicit drugs, and should develop international support for U.S. bilateral and multilateral strategies and programs. They should have as their particular focus the consumer nations. Every effort should be made to provide these countries with needed information on successful U.S. demand reduction strategies and programs.

Chemical Precursor Diversion and Money Laundering

Chemicals diverted from legitimate commerce are critical to the production of cocaine, heroin, and drugs such as methamphetamine, PCP and LSD. In fact, most of the cocaine smuggled into this country is processed with chemicals exported by American companies, and nearly all methamphetamine, LSD, and PCP is illegally manufactured using chemicals from domestic U.S. suppliers. Some companies and distributors are unwittingly involved; others are criminal accomplices. In both cases, we must endeavor to stop the distribution of chemicals used to process drugs, whether they are smuggled into the country or produced domestically.

Three strategies are needed. We need to impose stringent controls on the export of chemicals used in the illicit production of cocaine in South America. Strong measures are needed to stop the diversion of chemicals used in the illicit manufacture of drugs within the United States. Both of these strategies are supported by a legislative keystone, the Chemical Diversion and Trafficking Act of 1988, which establishes a system for identifying, monitoring, and controlling chemical shipments which might be diverted to the illegal drug trade. We must also press for international cooperation agreements which support strong chemical diversion controls (such as the U.N. Convention mentioned above), encourage the enactment of foreign national laws similar to our own, and seek the establishment of investigative and monitoring programs in other countries in close cooperation with U.S. law enforcement agencies.

Another critical area of concern is money laundering. The magnitude of their drug-generated wealth gives foreign traffickers the capability to penetrate — and potentially dominate — both legitimate and illegitimate commercial markets, to corrupt U.S. and foreign officials, and to destabilize foreign governments. Defeating this problem needs attention at the national level, and the rewards to be gained by success in this are potentially very large. In addition to our domestic efforts — discussed separately in this report — we must bring other nations' capabilities and resources into play to help identify, trace, freeze, seize, and confiscate drug crime proceeds abroad. We need to press for international cooperation agreements, such as the United Nations Convention, which support strong measures to criminalize and penalize money laundering. And in our bilateral relations we will urge governments to attack financial aspects of the drug trade, by adopting strong measures to criminalize money laundering, and by imposing sanctions on those who use the international financial system to disguise and move criminally derived funds across national borders.

Interdiction Priorities

- Development of a comprehensive information-based approach to Federal air, maritime, land, and Port-of-Entry interdiction.
  - Upgraded intelligence support to interdiction, through intensified interdiction-specific investigations and undercover operations.
  - Enhanced computer support to interdiction through acceleration of machine readable documentation programs; installation of document machine readers at appropriate Ports of Entry; and development of the International Border Interdiction System (IBIS) and other computerized border information systems.
  - Creation of interagency/interdisciplinary teams to analyze and target smuggling modes, methods, and routes.
- Concentration on high-value individuals and shipments.
  - Review of existing methods for deterring air smugglers.
  - Improved operations aimed at money couriers and shipments.
  - Improved container inspection techniques and intelligence.
- Enhanced border systems, operations, and activities.
  - Dramatically reduced document fraud, especially fraudulent use of U.S. birth certificates and other "breeder documents."
  - Expanded use of drug detection dogs, anti-vehicle barriers, and container inspections.
  - Provision of automatic exclusion authority and general arrest authority to Immigration and Naturalization Service officers.
  - Improved detection and monitoring systems and secure operations procedures.
  - Expanded secure communications systems.

Interdiction Efforts

For several years the United States has placed a high priority on the interdiction of drugs entering this country — and with good reason. Last year, 355 million people entered or reentered the country, along with more than 100 million vehicles, 220 thousand vessels, 635 thousand aircraft, and eight million containers. In addition, more than a million people entered the country illegally between Ports of Entry. In theory, any of these people or conveyances could be carrying drugs. The problem is to determine which person, vehicle, vessel, container, or other shipment might be transporting drugs, and then decide how to apply limited available resources to tracking, apprehending, or seizing that person or shipment.

As we have expanded our interdiction efforts, we have seized increasing amounts of illegal drugs. Stepped-up interdiction has also forced drug traffickers to make significant operational changes. Drug traffickers operating from Colombia, for example, once flew their cargoes into the United States along the eastern coast of Florida. More vigorous air interdiction efforts have caused a change in trafficking routes — first toward the Bahamas, where drug cargoes were directly transferred to small vessels, or air dropped to fast boats; then, more recently, to Mexico, where drug cargoes are carried across the U.S. border by both vehicles and human carriers.

Despite interdiction's successful disruptions of trafficking patterns, the supply of illegal drugs entering the United States has, by all estimates, continued to grow. Every time we disrupt or close a particular trafficking route, we have found that traffickers resort to other smuggling tactics that are even more difficult to detect. Indeed, our recent experiences with drug interdiction have persuasively demonstrated that interdiction alone cannot prevent the entry of drugs, or fully deter traffickers and their organizations.

Nonetheless, no country can afford to leave its borders unprotected. While investments needed for a comprehensive interdiction system are large, and the return — measured by numbers of traffickers apprehended — may appear relatively small, fighting drug traffic at our borders has major symbolic and practical value. It demonstrates to foreign nations and trafficking organizations that we are committed to combatting the drug trade. It bolsters our support for the international treaties banning drug smuggling to which we and our allies are signatories. And it introduces another level of risk to the individual drug smuggler who attempts to bring illicit drugs into the country.

No interdiction system will be so thorough that it can totally restrict the entry of illicit drugs. But as we insist on maintaining a domestic law enforcement system — even though it cannot reasonably be expected to put an end to all crime — so, too, we must insist on maintaining an adequate system of border interdiction. Over the past several years, enhanced interdiction has allowed us to resist and frustrate drug traffickers who try to penetrate our borders. Ensuring that what gaps remain in the system are filled is a responsibility that cannot be neglected.

Smugglers and drugs enter this country by many routes. Cocaine is transported by air and sea through the Caribbean, by air and sea across the Gulf of Mexico, by air and land across the Southwest border with Mexico, and by sea in the Pacific. Forty-five percent of cocaine seized in 1988 was carried by private aircraft, more than double the amount seized from private vessels, the next most common smuggling method. While the air corridor from Colombia across the Caribbean and through the Bahamas remains the single most favored route of cocaine smugglers, transshipment through Mexico has become an important smuggling route.

Heroin is transported from Mexico principally by land, and from Southeast and Southwest Asia and some African countries by couriers flying commercial air services with the drug concealed on or in their bodies or in their luggage. Heroin is also sometimes sent by international mail. Increasing amounts are now being seized in airborne and seaborne containers.

Marijuana, drug precursor chemicals, and other dangerous drugs are principally brought into the country by Caribbean and Gulf of Mexico routes; overland from Mexico; and by air carrier from Europe and East Asia.

Interdiction aimed principally at drug seizures provides little impediment to smuggling organizations. Unless seizure rates are very high, interdiction alone represents only a slight portion of any trafficker's cost of doing business. To be fully effective, interdiction must aim at

Estimated Federal Drug Seizures (in pounds)

	FY 1987	FY 1988	Change
Cocaine	140,000	198,000	+29%
Heroin	1,400	2,150	+35%
Marijuana	2,000,000	1,660,000	-17%

Source: Based on data provided by U.S. Coast Guard, U. S. Customs Service, Drug Enforcement Administration, Federal Bureau of Investigation, and INS/Border Patrol (limited reporting). Figures do not include drug seizures in foreign jurisdictions.

trafficking organizations and individuals themselves, creating a serious risk of punishment or financial loss.

Where overseas efforts are concerned, this implies the need for activities in drug source and transit countries that are specifically designed to disrupt and, if possible, dismantle trafficking organizations — through application of strict enforcement and criminal sanctions, and through stringent interdiction of trafficking routes and modes. Here at home, effective interdiction must involve enforcement directed against particular criminal organizations and individuals — over and above necessary seizures of smuggled drugs. And much the same focus should apply in international transit zones between source countries and the United States border. All American actions outside our territorial limits will benefit from better international cooperation, and all are subject to international law. But here again, our principal interdiction objective must be to identify and apply enforcement efforts against those elements of the drug smuggling process that are of highest value to trafficking organizations.

Strategies Against Mid-Level Traffickers and Shipments of Value

Drug trafficking is a hierarchical enterprise divided into three principal "classes." At the bottom are low-level carriers — or "mules," in the demeaning terminology of the trade — who transport drugs on their persons or in their luggage. Mules perform only menial tasks in a smuggling operation. They can easily be replaced — and often must be — so they are deliberately kept largely ignorant of their higher-level associates' activities. What little information mules possess is rarely of substantial value to law enforcement agencies and officers. Apprehending mules causes no significant damage or disruption to drug trafficking networks.

At the top of the drug trafficking pyramid are major organization heads or "kingpins." Kingpins rarely take part in actual drug transportation activities, and they therefore have little to fear from ordinary interdiction measures. What's more, kingpins are often able further to protect themselves by political co-option, bribery, and intimidation.

Between the two extremes of drug trafficking status are key, mid-level individuals who direct specialized operations and otherwise keep their criminal organizations' machinery running smoothly. These people are pilots, money couriers, and field managers. They perform functions that are critical to particular smuggling activities. Consequently, they often have broad knowledge of their organizations' structure, membership, and methods of operation. And so, because they are directly involved in the conduct and coordination of illegal drug and money shipments, mid-level traffickers should be a primary object of our interdiction efforts. A mid-level trafficker focus suggests a number of priorities for future planning in each area of American interdiction activity.

Air Interdiction. Air interdiction strategy entails the initial detection of a potential drug smuggling aircraft, its identification as a possible drug smuggler, the dispatch of an interceptor aircraft to track the suspect — unobserved, if possible — and the apprehension of the pilot after he lands. Consistent with international law and in the interests of aviation safety, no action may now be taken to stop or interrupt the progress of a target aircraft in flight. If any part of the detection and monitoring process breaks down and a target aircraft is "lost," the smuggler escapes. And when an aircraft *is* successfully followed to landing, the pilot may abandon his aircraft at the point of arrival and flee the scene. Under these circumstances many air smugglers are not apprehended, and can quickly return to their trade with another — possibly stolen — aircraft.

To be more effective, Federal air interdiction strategy will focus more clearly on deterring smugglers using general aviation aircraft from transporting illicit drugs toward or into United States, and on removing them from the drug trade by appropriate enforcement action. The Administration will undertake a thorough review of existing methods for deterring air smugglers.

Maritime Interdiction. Drug smuggling by sea differs from air smuggling in a number of ways. The pilots of general aviation aircraft carrying illegal drugs — many of which fly circuitous routes off-airways and at low altitudes — can be assumed to know the nature of their cargoes. It is not always clear, by contrast, that entire ship or vessel crews are aware that they are working on a smuggling craft. And those members of a ship's crew who *do* know of on-board drug shipments are likely to be mere couriers. Again, courier apprehension poses little or no risk to trafficking organizations as a whole, and seizures of drugs smuggled by sea are likely to cause no more than minor operational disruption — unless a given shipment is very large.

Without prior intelligence about the nature and size of a sea shipment, however, it is impossible to determine in advance what its value might be. Our maritime interdiction strategy will continue to focus on drug-transporting vessels of all types — by unilateral use of U.S. maritime assets and operations, or by use of maritime operations conducted jointly with source and transit countries. This involves the placement of maritime detection and apprehension assets in off-shore departure zones near drug source countries, and in various Caribbean "choke points." Maritime interdiction strategy also involves careful sorting of maritime drug smuggling vessels from legitimate maritime traffic en route to the United States.

Land Interdiction. Transporting illegal drugs on one's person or in baggage, through land Ports of Entry, or over the land border between Ports of Entry, requires some determination but little or no skill. Most people caught smuggling drugs in this manner are unimportant to the trafficking organizations that employ them. But the volume of individual entries and the quantity of drugs that cross our land borders are so large that land interdiction must remain an effective weapon in our anti-drug arsenal.

Our land interdiction strategy must accurately identify drug carrying persons and conveyances, especially containerized cargo. A number of innovations and improvements are necessary to realize this goal. First, we need to make full use of sophisticated computer data bases and good tactical intelligence which can provide specific warnings about important individuals and shipments entering the country. Second, the Federal government will intensify cooperative programs and data exchanges with private industries involved in international trade and travel in order to improve the detection and sorting of conveyances and

persons. Third, the Federal government will also intensify multi-agency interdiction efforts involving Federal, State, and local personnel (e.g., Operation Alliance along the U.S.-Mexican border and the proposed Operation Northstar along the U.S.-Canadian border). Fourth, the Administration will seek increased resources for the use of drug detection dogs in vehicular inspections, in cargo and container examinations, and in air passenger processing. Fifth, we intend to put into place adequate physical border controls, including barriers to prevent drug-carrying vehicles from making high-speed runs into the country across the Southwest border. Sixth and finally, we should expand the operations of the Border Patrol between Ports of Entry, making use, as needed, of Defense Department technical and intelligence support.

Document Fraud, Money Couriers, and Other Problems and Opportunities

The ability of foreign nationals to enter the country using valid but fraudulently acquired documentation papers permits drug traffickers to defeat our current border control systems. Federal agencies must work with State and local authorities to reduce the potential for document fraud at all levels. Birth certificates, delayed birth records, and passports are areas needing particular attention. The Administration will develop minimum information standards for birth certificates used for Federal purposes, and will intensify efforts to ensure the overall security of Federally issued documents.

Illegal money shipments are also a necessary focus for interdiction initiatives. A large seizure of drug money being sent out of the United States hurts traffickers badly — it costs them a significant piece of domestic drug sale profits and seriously diminishes their return on investment. Moreover, individual money couriers tend to be trusted members of their organizations; they cannot be readily and easily replaced. Apprehension and incarceration of a money courier deprives his organization of an important resource. The Administration intends to strengthen the Federal government's activities against money couriers (including such successful programs as the Customs-directed Operation Buckstop), using intelligence systems and resources to provide better information about involved individuals and planned money shipments.

The Administration plans to pursue several other important interdiction goals in the coming months and years. We will, first, rapidly move to develop a comprehensive information-based approach to air, maritime, land, and Port of Entry interdiction, using automated information and intelligence delivery systems to provide data on those

persons, organizations, and shipments of value against which our interdiction resources should be specifically directed. The proposed future development of a Federal strategic drug intelligence center (discussed separately in this report) will represent an important step in this direction.

The Administration will also complete the fixed and mobile detection networks along our Southern border and in the Caribbean as funds are available, and improve the effectiveness of our national Command, Control, Communications, and Intelligence Centers, and the Defense Department's Detection, Monitoring, and Intelligence fusion centers. The Administration will ensure that we make optimal use of existing interception/tracking and apprehension assets — principally fixed-wing aircraft and helicopters — to respond to positively identified air smugglers. Special emphasis will be placed on establishing an international multi-industry effort to counter the threat of container-borne drugs through development and deployment of a container tracking system. The Administration will seek to upgrade the operational security and operational deception procedures of Federal law enforcement agencies, and pursue an integrated and secure communications network as funding is available. Finally, because drug trafficking through Mexico now poses a threat comparable to that present in the Caribbean, and because Colombian traffickers now appear to be taking control of Mexican smuggling networks, the Administration will redirect resources to the Southwest border as an equal-status high-threat area. Coordinated U.S.-Mexican operations — with each government acting on its own side of the border — will be a priority, along with improved tactical information sharing.

Level interdiction budgets for the next several years will require careful direction of effort toward targets of special opportunity: those particular individuals and operations whose apprehension will cause significant disruption to drug trafficking networks. The Administration will work to eliminate duplication in Federal interdiction programs, to ensure full coordination of Federal interdiction activities, and to establish procedures which serve to integrate all national efforts in this expensive and critically important arena.

Research Priorities

- Establishment of a Drug Control Research and Development Committee involving directors of research and evaluation, and chief technology advisers to all appropriate drug supply and demand reduction agencies. This committee will:

  - Recommend to the Office of National Drug Control Policy policies and priorities for drug-related research and development;

  - Review, monitor, and coordinate Federal research, data collection, and evaluation activities;

  - Eliminate duplication and gaps in current data collection, and generate accurate and useful information on which to base national drug control policies; and

  - Assist agencies in effectively acquiring and using new technologies to prevent and treat drug use and to detect and suppress the flow of illegal drugs and related commodities.

- Better and more frequent data collection and analysis, including flexible, quick-response data collection instruments.

- Increased basic and clinical research on drug use and addiction.

- Development of new technologies or innovative adaptation of existing technologies for use against illegal drugs.

- Development of a comprehensive information base about "what works" in controlling drug use through support for public and private evaluation of drug enforcement, drug prevention, and drug treatment programs.

- Archived and disseminated information, research, and evaluation results through an appropriate mechanism that combines prevention, treatment, and criminal justice data.

A Research Agenda

America has learned a lot about the drug problem in recent years, and we have developed impressive new tools to fight it. But there is much that we do not know. We need a larger and more flexible information base in order to help us refine and target our counterdrug efforts; we need to adapt and develop technology to aid in law enforcement; and we need more medical research to develop ways to treat and counteract the effects of illegal drugs.

In some cases our necessary research agenda requires additional resources; in others it requires revised priorities. In all cases it must involve effective policy oversight and coordination.

Drug Use and Treatment Surveys

A number of surveys and studies are supported by the Federal government through the National Institute on Drug Abuse (NIDA). The best instrument now available for measuring the dimensions of drug use by the American public is NIDA's National Household Survey on Drug Abuse. But the Survey is a snapshot taken only at three-year intervals, and this has sometimes hampered our ability to respond as quickly as we should to events that occur in intervening years. The current crack cocaine epidemic, for example, did not register in the Survey until 1988, three years after it emerged.

And the Household Survey has other limitations. Because it measures the household population, it does not provide detailed information about the prevalence of certain types of drug use — intravenous drug use and heroin use, for example — involving hundreds of thousands of Americans who may not live in households. In addition, small sample sizes (8,800 in 1988) restrict the amount of detailed analysis that can be

performed on characteristics of certain subpopulations of users — frequent users, for example. And the Survey relies on self-reported drug use — that is, what a person will voluntarily report about his or her drug use on a self-administered answer sheet. As society becomes less tolerant of drug use, self-reporting may give a less reliable picture of the extent to which people continue to use drugs.

The Administration has committed to funding more frequent National Household Surveys — every two years. The Federal government will also create a quick response capability to permit smaller, narrowly targeted surveys undertaken several times a year. Such surveys will enable us to focus on particular groups in the population — "high risk" youth, for example — or on emerging drug trends. Streamlining the Federal process for data collection will also help reduce the lag time between designing a research project and utilizing the data.

The Federal government will also enhance the National Drug and Alcoholism Treatment Unit Survey so that we can learn more about current treatment system capacity (how many people and what addictions we can treat), and so that we can target our resources as effectively as possible. Knowing how long certain drug users stay in treatment and which ones are most likely to benefit from treatment will improve our ability to design treatment programs and policies.

Finally, the Federal government will work with States and localities to develop suitable standardized reporting procedures in order to assure that State and local concerns and conditions are reflected in national survey instruments.

Criminal Justice and Medical Research

To help us craft more effective drug enforcement policies, we must learn more about how levels of drug use respond to fluctuations in the availability and price of drugs. Sophisticated criminal justice simulation models would allow us to examine the system-wide impact of stiffer drug penalties: how many additional officers for street-level drug enforcement might be needed; where additional judges and prosecutors might be required; when jails and prisons must be expanded; and so on. With a system-wide perspective, policymakers can make better decisions about where to allocate resources.

We also need to fill a number of significant gaps in our knowledge about the chemical, psychological, and physiological processes of drug use and drug addiction. Why is it that some people start using drugs, but others avoid them? Why are some people able, on their own, to stop using drugs, while others continue until their lives are ruined? Basic and clinical medical research can offer us important answers. The special characteristics of the Department of Veterans Affairs' extensive

health care system provide a unique opportunity for controlled programs comparing different treatment modalities.

Such research also offers hope that, as we test various treatment strategies for addiction, we can develop new chemical therapies that block the effects of illegal drugs or reduce the craving for them. Researchers are also exploring ways to chemically prevent initial addiction. At the current pace of our research effort, three or four years must pass before each new medical advance is developed. Increased national support to treatment research must hasten that process. Basic training in scientific and research skills is important in its own right, but a more directed research assault on drugs is possible and necessary.

Technological Innovation

As society benefits generally from technological advances, so too do drug trafficking criminals. Government agencies are constrained by cumbersome procurement practices and budget limitations. But because drug traffickers operate outside the law and at times with seemingly unlimited resources, they can easily take advantage of technological improvements while drug control officials remain in a reactive posture.

Our drug control agencies have undertaken limited efforts to develop new or specialized technology to improve the effectiveness of their operations. Successful innovation in research and development often requires cross-fertilization from a variety of fields. A collaborative and coordinated approach should be adopted by Federal agencies in the fight against drugs.

It may soon be possible to apply laser technology to detect cocaine and heroin in container cargoes. Other technological developments, such as the analysis of hair samples rather than urine, may offer less intrusive screening methods for drug use. Military technologies such as ground sensors might be used more extensively on landing strips or runways to detect smuggling operations.

A program that supports both near-term applications of existing technology and long-term, strategic research and development is essential. The Federal government must support and coordinate programs to develop, acquire, and exploit technology that will make a significant difference in controlling illegal drugs.

Evaluation and Dissemination

We must improve our ability to evaluate success and failure in the war on drugs; we have to know "what works." A thorough evaluation of programs now in operation — especially prevention and treatment programs — will have several important benefits. First, national resources can be shifted to successful approaches, rather than wasted on ineffective efforts. Second, new programs can be developed using the best available methods. And third, research efforts can be concentrated on questions and medical problems needing further work.

The majority of Federal resources are spent on supply reduction activities. In law enforcement, interdiction, and international efforts, we need to evaluate programs and measure actual results against stated goals. But cross-tactical evaluations — between these specific supply reduction activities and the primarily demand reduction efforts of prevention and treatment are also badly needed. Having these evaluation results will allow us to make more fine-tuned, carefully targeted policy choices among a mix of drug supply and demand reduction programs.

Drug surveys, research, and program evaluations must be more widely read and understood. National, State, and community leaders, policy planners, lawmakers, health and treatment professionals, teachers, law enforcement agencies, and parents all have a need, and a right, to know about drug use and what can effectively control it.

The Federal government must disseminate the information it obtains in formats that are easy to find and easy to use. The most effective information sharing efforts have been accomplished through two principal national clearinghouses, the National Criminal Justice Research Service, and the Alcohol and Drug Abuse Clearinghouse. (The Department of Housing and Urban Development also operates a related clearinghouse.) But those who most need drug-related information still often have trouble finding answers to their questions; they may be aware of one source but not the other. Information on effective strategies, particularly material on law enforcement and prevention approaches intended for local communities, must be available from one place in the Federal government. A single clearinghouse or other effective mechanism, such as electronic links between existing clearinghouses, funded and compiled by a consortium of the various drug control agencies, would minimize the current overlap and inefficiency.

We need to ensure that drug-related data collection, research, technological development, and evaluation activities undertaken by the Federal government are coordinated and complementary. To that end, a Drug Research and Development Committee will be established under the Office of National Drug Control Policy. This committee will also concentrate on increasing industry, academic community, and international participation in drug related technology development.

Intelligence Priorities

- Increased intelligence efforts to concentrate on the infrastructure of trafficking organizations and their allied enterprises, particularly money laundering.

- Improved drug automation and information systems to allow swifter, better, and more cost-effective drug law enforcement, prosecutions, and interdictions.

- Sharing of intelligence developed in the course of investigations and intelligence operations, and dissemination of finished, analyzed intelligence to appropriate Federal law enforcement and intelligence agencies.

- Establishment of an interagency working group chaired by the Office of National Drug Control Policy to develop plans for an intelligence center to unite U.S. drug-related analytical capabilities, and to improve intelligence capabilities. Results will be presented to the appropriate Cabinet Council.

An Intelligence Agenda

The war against drugs cannot be fought — much less won — without good intelligence. No military commander goes into battle without the best available information about both his adversary and about the field of battle itself. If we are to target our efforts effectively where traffickers are most vulnerable, we must know the enemy far better than we do now.

That means we must collect critical information on drug production, trafficking, and financial networks in imaginative and efficient ways; analyze data from all sources; produce intelligence tailored to the varying needs of decisionmakers from the national to the tactical levels, and see that the intelligence is disseminated to users in timely fashion.

In law enforcement terms, intelligence frequently means information needed to build a strong case against a particular individual or group of violators. We must have good intelligence of this type. Currently, much information is collected by various agencies, notably the Drug Enforcement Administration (DEA) and the Customs Service, in furtherance of the particular missions of the various Federal law enforcement agencies: arrests, prosecutions, and convictions. But a comprehensive thrust against drug trafficking enterprises and organizations requires a different kind of intelligence, not necessarily focused on assembling evidence in support of a particular case. Greater emphasis needs to be devoted to automating this information for law enforcement purposes and analyzing it (and other data) to produce a better understanding of the structure and infrastructure of trafficking organizations and their allied enterprises.

Collection, Analysis, and Dissemination

We must begin by ensuring that all appropriate Federal, State, and local information on the drug production and trafficking problem is appropriately shared. Taking care to protect sources and methods of collection, and to ensure confidentiality for certain data with special legal sensitivity, we can devise means to share information acquired in investigations and intelligence operations, in timely fashion, among all agencies with responsibilities in the drug war. Particular care must be taken to protect information on criminal investigations or enforcement operations planned or under way, and information collected from sensitive human and technical sources. Appropriate safeguards must be taken to ensure that such information is not disclosed outside of official channels.

These are vexing problems that require careful planning and implementation. But there are precedents. The National Foreign Intelligence Community is constrained from collecting information on U.S. citizens, or from intelligence collection incident to law enforcement operations. But various forms of intelligence community support to law enforcement activities are legal and feasible in many situations, and they must be pursued.

Comprehensive collection and incisive analysis are useless if the final intelligence product is not disseminated to appropriate consumers in a timely and useable manner. Finished products of intelligence analysis must be shared among all participants in the war on drugs who have a need to know this vital information.

Overseas Collection. Much of the information needed to wage the fight against drugs can only be acquired overseas, either through liaison with foreign government services or through U.S. unilateral collection operations. Coordination of such activities is essential, however, to ensure that the U.S. government speaks with one voice.

DEA representatives overseas have been assigned coordinating responsibilities for drug-related liaison and collection. To maximize collection while ensuring coordination and coherence, DEA must continue — and indeed increase — its participation with other U.S. foreign intelligence collection organizations and Law Enforcement Attaches in centralizing and expanding our overseas collection capabilities. Without compromising its mission, DEA must maximize its intelligence reporting and information sharing at both the country and national level.

CIA/DOD/State Department Roles. The National Foreign Intelligence Community, the Department of Defense (DOD), and the Department of State maintain considerable intelligence collection, survey, and reconnaissance capabilities that could do more in support of the war on

drugs. Law enforcement organizations need to work more closely with the Central Intelligence Agency (CIA), DOD, and State through existing intelligence coordination mechanisms, so that they can articulate their foreign information requirements in specific terms, and properly tailor them to collection capabilities, law enforcement needs, and statutory requirements. A primary and continuing responsibility of drug-related intelligence consumers is the definition of their information requirements in specific terms. The foreign intelligence community has well-developed requirements systems that can be used more aggressively, but if they do not know what the questions are, they will not be able to answer them. The State Department, serving as the Embassy host to other agencies with drug intelligence collection potential, also has numerous overseas information collectors who can be of assistance.

Domestic Collection. The collection of intelligence information on drug production and trafficking should not necessarily involve only long-term, high-risk penetration of criminal organizations. We must exhaust the low-risk, high-payoff collection opportunities that are already at hand. To this end, means should be developed to debrief offenders in U.S. custody, not only on leads for use in identifying other offenders — this is already done effectively — but also on drug trafficking patterns, trafficking organizations, and other data that is not always pertinent to a particular law enforcement investigation. A debriefing program is a proven method of gathering this data in an organized, comprehensive manner. Use of this means should be expanded.

Equally important is the creation of a capability to bring all law enforcement data related to drugs — State and local, as well as Federal — into a centralized data base that will service a wide variety of law enforcement agencies and needs.

Analysis. The major drug production and trafficking organizations are complex, highly organized, vertically-integrated, international businesses. Just as we cannot understand the nature of the nation's foreign trade posture by looking only at individual purchases of imported television sets, neither can we understand the nation's drug problem unless we look comprehensively at the illegal multi-national enterprises and financial networks that support them.

The law enforcement community generally does a successful job of evaluating raw information with implications for current investigations or interdiction actions. "Actionable" reporting frequently results in successful arrests or seizures. But greater effort is required in the coordination of foreign and domestic collection and the production of intelligence targeted against trafficking organizations and their allied enterprises. Only if we have a reasonably complete and accurate picture of an entire drug enterprise, and the ability to disseminate this information, can we be confident that we are striking at the heart of drug trafficking rather than at its periphery.

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The application of high quality computer technology is essential to this task. Technology makes it possible to store and sort vast volumes of data, and to assist the analyst in understanding his target, all in a very rapid manner. The computer is a powerful tool that must be brought fully to bear in the fight against drugs. Comprehensive drug intelligence analysis cannot be done without modern data processing capabilities — upgraded facilities, hardware, and personnel.

These drug intelligence improvements, carefully designed, will not conflict with the goal of better law enforcement operations. On the contrary, well-targeted, purposeful law enforcement operations can be developed only with the support of good intelligence.

At the DEA/FBI Joint Intelligence Working Groups in Miami and Chicago, and at the Joint Narcotics Support Unit run by DEA and Customs in New York, various agencies combine and apply their respective skills and approaches to larger drug-related problems. We need to expand our use of this approach to intelligence, on a larger scale, and soon. Such methods have proved to be successful in combatting complex enterprises in the past.

The Office of National Drug Control Policy will chair a working group of Federal supply reduction agencies to plan a center that, by linking information resources with analytic skills, will provide necessary strategic analytic intelligence to various Federal (and appropriate State and local) agencies.

The National Drug Control Strategy to be submitted on February 1, 1990, will contain a specific proposal and recommendation for funding of such a center.

In the meantime, additional resources will be provided for intensifying the Treasury Department's existing money-laundering intelligence effort. The Office of National Drug Control Policy will join the Department of the Treasury in exercising oversight of this effort as it applies to drugs.

Appendices

Quantified Two- and Ten-Year Objectives

Section 1005 of the Anti-Drug Abuse Act of 1988 requires that each National Drug Control Strategy include "comprehensive, research-based, long-range goals for reducing drug abuse in the United States," along with "short-term measurable objectives which the Director determines may be realistically achieved in the two-year period beginning on the date of the submission of the Strategy."

As noted in previous sections of this report, scarce or unreliable drug-related data currently hamper policy planning on a number of important fronts. What's more, some drug-related data, even when fully reliable, may occasionally be open to different or conflicting interpretation. For example, a decline in the number of drug arrests might suggest a comparable decline in drug violations; on the other hand, it might also mean that we are failing adequately to enforce the law. Likewise, increased drug seizures might indicate that we are successfully reducing the supply of drugs in the United States, but they might instead be the result of a sharp *jump* in domestic supply. No *single* statistic, by itself, can accurately reflect the full complexity of our current drug epidemic.

Just the same, used with care and taken together, statistical measures can and do provide at least tentative, rough indications of ebb and flow in the fight against drugs. The most meaningful of these measures concern rates of illegal drug use, public attitudes toward illegal drug use, trends in drug-associated health problems, aspects of drug-related crime, and evidence of drug availability nationwide. Nine such statistical indicators are briefly discussed in this appendix. In each case, two- and ten-year objectives are established as benchmarks for national anti-drug success. Pending desired improvements in drug research methodology and accuracy, the Administration will revalidate these objectives in February 1991 Strategy submission. All nine sets of

objectives are realistically achievable only provided full Federal, State, and local implementation of the National Drug Control Strategy outlined in this report.

Current Overall Drug Use. The NIDA Household Survey tracks drug use in several broad categories (e.g., lifetime use, past year use, and past month use). Past month or "current" use is the most widely cited of NIDA's statistical samples — for good and obvious reason — and it has become a common shorthand description of the state of our problem with drugs. The 1988 Household Survey indicates that current illegal drug use is off sharply throughout the United States, among most groups of people and for most illegal drugs. This decline most likely reflects success with those users easiest to treat or otherwise persuade. Further reductions in current use may well be more difficult. They must nevertheless remain a high priority.

Two-Year Objective:	a 10 percent reduction in the number of people reporting any illegal use of drugs in the past month.
Ten-Year Objective:	a 50 percent reduction in the number of people reporting any illegal use of drugs in the past month.

Current Adolescent Drug Use. The latest Household Survey indicates significant decreases in current drug use among all age groups, but the smallest such decrease is for adolescents (ages 12-17). This particularly vulnerable group must remain a major concern in the future.

Two-Year Objective:	a 10 percent reduction in the number of adolescents reporting any illegal use of drugs in the past month.
Ten-Year Objective:	a 50 percent reduction in the number of adolescents reporting any illegal use of drugs in the past month.

Occasional Cocaine Use. Because drug use in individuals follows unpredictable patterns — and any cocaine use may lead to addiction — even relatively infrequent cocaine use is cause for concern. NIDA estimates that, compared to 1985, 2.8 million fewer people used cocaine

on a less-than-once-a-month basis during 1988. This drug use measure must continue to fall.

Two-Year Objective:	a 10 percent reduction in the number of people reporting less often than once-a-month cocaine use in the past year.
Ten-Year Objective:	a 50 percent reduction in the number of people reporting less often than once-a-month cocaine use in the past year.

Frequent Cocaine Use. Among Household Survey respondents reporting any cocaine use in the preceding twelve months, the percentage reporting weekly or more frequent use doubled between 1985 and 1988. Much of this alarming increase probably reflects crack use. Frequent or addicted cocaine use represents our most serious and difficult short-term challenge.

Two-Year Objective:	a 50 percent-reduced rate of increase in the number of people reporting weekly or more frequent cocaine use.
Ten-Year Objective:	a 50 percent reduction in the number of people reporting weekly or more frequent cocaine use.

Current Adolescent Cocaine Use. NIDA reports that the rate of current (past month) cocaine use by adolescents fell only 0.4 percentage points between 1985 and 1988 — the smallest decrease recorded for any age group. Dramatic reductions in adolescent cocaine use must be a major national priority in the coming years.

Two-Year Objective:	a 20 percent reduction in the number of adolescents reporting past month cocaine use.
Ten-Year Objective:	a 50 percent reduction in the number of adolescents reporting past month cocaine use.

Drug-Related Medical Emergencies. The Drug Abuse Warning Network (DAWN) compiles statistics concerning the frequency with which illegal drug use is mentioned by patients admitted to hospital emergency rooms. Between 1985 and 1988, such drug mentions went up 315 percent for cocaine, 104 percent for marijuana, 46 percent for dangerous drugs (e.g., LSD), and 28 percent for heroin. Reductions in drug-related medical emergencies will be a good indicator of national anti-drug success in the years ahead.

Two-Year Objective:	a 10 percent reduction in the number of hospital emergency room mentions for cocaine, marijuana, heroin, and dangerous drugs.
Ten-Year Objective:	a 50 percent reduction in the number of hospital emergency room mentions for cocaine, marijuana, heroin, and dangerous drugs.

Drug Availability. Our two best indicators of drug availability are: first, estimated amounts of foreign-manufactured drugs currently entering the United States; and second, reports by survey respondents concerning the ease with which drugs may be obtained in their communities. Reduced availability can have an important, beneficial effect on drug demand. As it becomes more difficult to search for, find, and purchase drugs — and as their price goes up because of it — then fewer people (non-addicts especially) are likely to continue using them. A drop in basic availability indicators should be a focus of future national effort.

Two-Year Objective:	1)	a 10 percent reduction in estimated amounts of cocaine, marijuana, heroin, and dangerous drugs entering the United States; and
	2)	a 10 percent reduction in the number of people reporting that cocaine, marijuana, heroin, and dangerous drugs are easy to obtain in their communities.
Ten-Year Objective:	1)	a 50 percent reduction in estimated amounts of cocaine, marijuana, heroin, and dangerous drugs entering the United States; and

2) a 50 percent reduction in the number of people reporting that cocaine, marijuana, heroin, and dangerous drugs are easy to obtain in their communities.

Domestic Marijuana Production. Domestic marijuana production now supplies 25 percent of all marijuana consumed in the United States. In fact, marijuana is said to have become the single largest cash crop in some of our States. Necessary American anti-drug initiatives overseas are seriously compromised by this state of affairs. We cannot expect foreign countries to undertake vigorous anti-drug efforts inside their borders if we ourselves fail to do likewise. This report proposes stepped-up efforts against domestic marijuana cultivation, and success on this front should become a benchmark of national anti-drug resolve.

Two-Year Objective:	a 10 percent decrease in estimated domestic marijuana production.
Ten-Year Objective:	a 50 percent decrease in estimated domestic marijuana production.

Student Attitudes Toward Drug Use. A necessary precondition for further national progress against drugs is that illegal use of drugs increasingly be seen (particularly by young people) as unacceptable behavior. Recent high school surveys indicate that more and more high school students view illegal drug use unfavorably. Nevertheless, effective education and prevention efforts are needed to help drive down the percentage of young people who do not yet hold unfavorable views of illegal drug use.

Two-Year Objective:	a 10 percent reduction in the number of high school students who report that they do not disapprove of illegal drug use.
Ten-Year Objective:	a 50 percent reduction in the number of high school students who report that they do not disapprove of illegal drug use.

Federal Implementation and Resource Requirements

This chapter contains two sections: the first translates the general policy statements at the beginning of each of the preceding chapters into specific steps that the Federal Government will undertake; the second shows budget and program priorities for the Strategy for Fiscal Years 1990-1992 and indicates the resources required for Fiscal Year 1990.

Agencies will develop implementation strategies and output measures against these objectives and submit them to the Office of National Drug Control Policy by November 1, 1989, for approval.

I. IMPLEMENTATION STEPS

The Criminal Justice System

- **Seek increased Federal aid to States and localities through matching funds to expand State and local criminal justice systems, including the courts, prisons, and prosecutors.**

The Administration will seek additional grant funding for States and localities to address critical law enforcement needs in their States.

The Administration will seek increased funding to assist States and localities in the planning and design of courts and correctional institutions and to design alternatives to traditional incarceration, such as boot camps, electronic monitoring, community release, and house arrest. Federal funds would be used on a matching basis, to leverage new State funding.

- **Seek increased funding for Federal law enforcement.**

The Administration will seek additional funding to expand the capacity of Federal prosecutions, corrections, and courts to ensure that drug offenders are adequately prosecuted and, if convicted, appropriately sentenced.

The Administration will seek additional funding for Federal money laundering investigations and drug task force operations.

- **Expand domestic eradication programs.**

The Administration will seek additional funding to expand the domestic eradication efforts targeted against marijuana and other illegal drugs or controlled substances by the Federal government and will encourage stepped up efforts by State and local governments.

- **Hold drug users more accountable for their illegal behavior.**

The Administration will seek to amend the Omnibus Crime Control and Safe Streets Act of 1968 to condition receipt of Federal criminal justice funds upon States: 1) adopting drug-testing programs that will include arrestees, prisoners, parolees, and those out on bail, and 2) using test results appropriately in bail, sentencing, early release, probation, and parole decisions.

The Administration will establish a policy of testing Federal arrestees, prisoners, and parolees for illegal drug use.

The Administration will encourage States to adopt model legislation developed by the Administration to ensure uniformity in the use and types of sanctions imposed on drug dealers and users.

The Administration will seek to amend the appropriate statutes to ensure that illegal drug use alone will not be grounds for protection under Federal handicapped laws.

- **Improve coordination of Federal supply reduction efforts to reduce interagency rivalry and turf battles, and ensure harmony and effectiveness.**

Establish a Supply Reduction Working Group, chaired by the Office of National Drug Control Policy (ONDCP), to carry out the statutory requirement to "coordinate and oversee the implementation by National Drug Control Program agencies of the policies, objectives, and priorities" defined in the National Drug Control Strategy. This group will consider

supply-related drug policy issues that are interdepartmental in nature and will elevate for consideration by the Domestic Policy Council or the National Security Council those issues meriting Cabinet-level discussion. The Working Group will not deal with operational decisions or have line authority or responsibility.

To help promote interagency cooperation, agencies will revise their personnel evaluation systems where appropriate to add a criterion for career advancement and reward that emphasizes cooperation between employees within the same agency and between employees of different Federal agencies. During the annual performance appraisal process, senior-graded employees' supervisors would solicit the comments of appropriate individuals within the same agency or appropriate other agencies regarding the extent to which the employees being evaluated facilitated joint operations and acted to overcome turf and jurisdictional conflicts and disagreements.

- **Make the nation's public housing projects safer and freer from drug activity.**

The Administration will revise the Department of Housing and Urban Development (HUD) regulations to expedite eviction procedures (while assuring due process) and provide funds to keep drug dealers out of public housing projects. Security improvements such as better lighting, guards, identification cards, and security fences will be added to protect law-abiding citizens from the threat posed by drug dealers.

The Administration will propose amendments to the Public Housing Act to institute expedited due-process eviction procedures and to give the Secretary of HUD authority to waive Federal grievance procedures for drug-related activities.

The Administration will expand the program of grants to resident associations of public housing projects to plan and institute drug prevention programs.

Drug Treatment

- **Increase Federal funds for treatment in order to expand the number of treatment slots and the range of treatment methods available.**

The Administration will seek additional funds under the Department of Health and Human Services (HHS) for drug treatment.

- **Hold treatment programs receiving Federal funds accountable for their effectiveness; improve coordination among local treatment facilities to match resources with needs; improve the referral process; encourage treatment facilities to improve coordination with social, health, and employment agencies; and increase funding of outreach programs and early treatment for expectant mothers who use drugs.**

The Administration will propose amendments to the Public Health Services Act to require States, as a condition for receipt of Federal treatment funds, to develop and implement Statewide drug treatment plans. Under these plans, States will:

—Develop performance criteria for treatment facilities, on which funding allocations will, in part, be based. These criteria will reflect the effectiveness of the facilities in treating drug users, the cost effectiveness of treatment, the comprehensiveness of services offered, and the severity of impairment of those treated.

—Develop a mechanism to match drug users with an appropriate treatment modality or specific treatment center.

—Develop a mechanism for increasing the accountability of the treatment system through periodic drug testing of patients, sanctions on patients who continue to use drugs while undergoing treatment, sanctions on employees who use drugs, and controls on the diversion of drugs intended for use in treatment.

—Provide for the training of employees of treatment facilities receiving Federal funds, especially training which enables employees to stay abreast of the latest and most effective treatment techniques.

—Take action, if necessary, to overcome zoning obstacles that restrict the expansion of treatment capacity.

—Provide for coordination with social, health, and employment services in order to assist or refer those drug users in need of counseling, psychiatric or medical treatment, or job training in order to function in society and stay off drugs.

- **Encourage the States and private companies to cover outpatient and other less intensive forms of treatment for drug use.**

The Administration will conduct a study to determine if amendments to Title XIX of the Social Security Act should be proposed in order to broaden Medicaid coverage for drug treatment.

- **Explore ways to increase the use of civil commitment as a means of bringing more drug dependent persons into the treatment system.**

ONDCP, in conjunction with the Department of Health and Human Services and the Department of Justice, will conduct a study of the use of civil commitment in the several States for individuals who use drugs. Policy recommendations will be made regarding whether and how greater use could be made of the civil commitment process in order to bring more drug dependent persons into the treatment system.

Education, Community Action and the Workplace

- **Require schools, colleges, and universities to implement firm drug prevention programs and policies as a condition of eligibility to receive Federal funds.**

The Administration will propose amendments to the Higher Education Act in order to require colleges and universities to adopt drug-free campus plans and policies, including user sanctions, as a condition of receiving any Federal funds and participating in Federally funded student aid programs.

The Administration will propose amendments to the Drug-Free Schools and Communities Act to require that State and local education agencies adopt drug prevention programs and policies to be used in every elementary and secondary school, including user sanctions, as a condition for receiving any Federal funds.

- **Ensure a drug-free Federal workforce through implementation of Executive Order 12564.**

Each Federal agency will expedite the implementation of a drug-free workplace plan. Those agencies with certified plans will fully implement them, consistent with recent court decisions, by January 5, 1990. This implementation is to include Employee Assistance Programs or other appropriate mechanisms, training for supervisors, rehabilitation for drug users, and drug testing. Agencies without currently certified plans will complete certification by January 5, 1990, and fully implement the plans by April 5, 1990.

In carrying out their responsibilities under Section 3 of Executive Order 12564, agency heads should review their testing designated positions periodically as significant new decisions on drug testing are issued by the courts.

- **Promote drug-free workplace policies in the private sector and in State and local government that include clear penalties for use and drug testing where appropriate.**

The Administration will issue final regulations for the Drug-Free Workplace Act that will require Federal contractors and grantees to: a) adopt formal policies banning illegal drug activities in their workplaces; b) individually notify employees working on covered Federal contracts or grants that they must abide by this policy; c) establish an ongoing drug-free awareness program emphasizing education about drug use and providing information about counseling and rehabilitation; and d) report convictions of employees resulting from drug offenses occurring in the workplace and appropriately penalize such employees.

ONDCP will convene an interagency working group to draft model legislation for drug-free workplaces in State and local governments and for their contractors and grantees. This model will reflect the key components of the Drug-Free Workplace Act of 1988 and the President's Executive Order for a Drug-Free Federal Workplace.

Further, Federal agencies which conduct workplace inspections, including those in the Departments of Labor and Transportation, will investigate whether the use of illegal drugs was involved in accidents in the workplace.

- **Promote development of model alternative schools for youths with drug problems through current Federal assistance to local education agencies.**

The Administration will support, through the Education Department, a limited number of demonstration projects to provide models of, and to help local education agencies develop, alternative schools. Current grant programs that permit the expenditure of funds for this purpose will highlight this option in grant competition announcements.

- **Provide Federal support to enable community-wide drug prevention efforts.**

The Administration will provide increased funds under the Public Health Services Act in order to make grants to private and public organizations to plan and implement community-wide drug prevention efforts.

- **Provide Federal support to develop anti-drug media outreach activities that deal with the dangers of using illegal drugs, particularly crack, and drug-impaired pregnancies.**

The Administration will make funds available under the Drug-Free Schools and Communities Act to develop additional anti-drug media outreach activities that emphasize the dangers of illegal drugs generally, but particularly crack, and drug-impaired pregnancy. These activities will be aimed at inner-city youth, dropouts, and youths in small towns and rural areas.

- **Improve coordination of Federal demand reduction efforts.**

A Demand Reduction Working Group, chaired by ONDCP, will be established to carry out the statutory requirement to "coordinate and oversee the implementation by National Drug Control Program agencies of the policies, objectives, and priorities" defined in the National Drug Control Strategy. This group will consider demand-related drug policy issues that are interdepartmental in nature and will elevate for consideration by the Domestic Policy Council those issues meriting Cabinet-level discussion. The Working Group will not deal with operational decisions or have line authority or responsibility.

- **Mobilize volunteer efforts to prevent the use of illegal drugs.**

Under the auspices of the National Service Initiative, a national effort will be launched to organize volunteer drug prevention efforts in communities.

International Initiatives

- **Disrupt, dismantle, and eliminate drug-trafficking organizations.**

The Administration will provide military and other assistance to cocaine-producing and transit countries to isolate major coca-growing areas, block delivery of chemicals used for cocaine processing, destroy cocaine hydrochloride processing labs, improve anti-drug efforts in transit areas, and create Joint Intelligence Collection Centers in the Caribbean Basin.

- **Reduce the supply of heroin.**

The Administration will work to strengthen foreign law enforcement, convince other countries to exert influence on opium growers, persuade countries to reduce processing and distribution, and improve U.S. border interdiction.

- **Reduce the supply of marijuana.**

The Administration will help strengthen foreign law enforcement and eradication and undertake greater efforts to discourage minor producing nations from becoming major producers.

- **Interdict dangerous drugs and precusor chemicals.**

The Administration will improve U.S. border interdiction and control the export of U.S. manufactured precursor and essential chemicals to drug producing countries.

- **Energize European nations against drugs and drug trafficking.**

The Administration will assist the European community in demand reduction and supply reduction, and in multi-lateral efforts aimed at source country and transit country production, and will enlist European community support against international and regional drug organizations.

- **Motivate other countries against the drug threat.**

The Administration will urge the Senate to ratify the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, along with other pending Mutual Legal Assistance Treaties; will employ the foreign assistance certification process more effectively; and will elevate the drug issue as a U.S. foreign policy concern.

- **Establish a multi-agency Financial Targeting Group which will recommend broad financial policies and strategies, as well as monitor and coordinate related Federal programs and efforts.**

ONDCP will establish and chair a multi-agency Financial Targeting Group (FTG) which will recommend broad financial policies and strategies as well as monitor and coordinate related Federal programs and efforts.

The FTG will also oversee the activities of a multi-agency Financial Analysis and Coordination Group (FACG), which will be established to deal with all program activity related to the identification, tracing, freezing, seizing, and confiscation of proceeds generated from criminal activities. The FACG will be directed by the Treasury Department.

The Financial Targeting Group established under and chaired by ONDCP will have an advisory board composed of representatives from both government and non-government entities with responsibilities or expertise in international financial activities.

The Administration will intensify its activities and cooperative programs with foreign nations to disrupt money laundering activities.

Interdiction Efforts

- **Develop a comprehensive agency-wide information-based approach to air, maritime, land, and Port of Entry interdiction.**

The Administration will upgrade intelligence support to interdiction through intensified interdiction-specific investigations, undercover operations, etc.

The Administration will enhance computer support and systems for interdiction; accelerate machine readable documentation programs; install document machine readers at Ports of Entry; and enhance interagency/interdisciplinary teams to analyze and target smuggling modes, methods, and routes.

- **Target high-value individuals and shipments.**

The Administration will review the rules of engagement for air interdiction; maintain and improve operations aimed at money couriers and shipments; and improve container inspection techniques and intelligence.

- **Enhance border systems, operations, and activities.**

The Administration will undertake efforts to dramatically reduce document fraud, especially use of U.S. birth certificates and other "breeder documents"; expand use of sniffer dogs, anti-vehicle barriers, and container inspections (with Department of Defense/National Guard resources); expand Border Patrol operations between Ports of Entry at the U.S.-Mexican land border; provide Immigration and Naturalization Service/Border Patrol officials with automatic exclusion authority and general arrest authority; improve detection and monitoring systems and OPSEC/OPDEC procedures; and expand COMSEC systems.

A Research Agenda

- **Establish a Drug Control Research and Development Committee comprising the directors of research and evaluation, and the chief technology advisers of all appropriate drug supply and demand reduction agencies.**

The Administration will establish this committee under the Office of National Drug Control Policy. Its priorities are to:

—Recommend to ONDCP policies and priorities for drug-related research and development.

—Review, monitor, and coordinate Federal research, data collection, and evaluation activities.

—Eliminate duplication and gaps in current data collection, and generate accurate and useful information on which to base national drug control policies.

—Assist agencies in effectively acquiring and using new technologies to present and treat drug use and to detect and suppress illegal drugs and related commodities.

- **Improve the quality and frequency of data collection and analysis.**

The Administration will assure the annual collection of consistent information on drug treatment as called for in the Anti-Drug Abuse Act of 1988, including:

—the number and variety of public and nonprofit private treatment programs;

—types of treatment programs;

—the number and demographic characteristics of individuals receiving treatment, and the type of care received by such individuals;

—who seeks treatment and who doesn't;

—the costs of different types of treatment modalities for drug and alcohol abuse; and

—the extent to which treatment is funded by public or private insurance benefits.

The Administration has expanded the National Household Survey to provide information on users, including frequent users, as well as on the prevalence of drug use. The Survey will henceforth be conducted every two years to provide more timely data on emerging drug trends. In "off-years," smaller, carefully targeted surveys will be conducted several times annually to obtain current information on special populations and emerging drug problems, and to monitor annual drug use in accordance with the 1988 Act. The High School Senior Survey will be modified to provide reliable information on drug use by adolescents.

The Administration will support additional research on effective prevention strategies, particularly those strategies which target disadvantaged inner-city youth.

The Administration, through the Department of Justice, will develop simulation models of the criminal justice system.

The Administration will conduct additional clinical research in the area of drug use and addiction.

The Administration will target funds to evaluate drug use prevention and treatment programs in the public and private sectors, and drug treatment programs in Federal agencies; to evaluate drug use prevention curricula and programs; to evaluate programs in drug law enforcement; and to support model programs and carefully evaluated demonstration projects in drug use prevention, treatment, and law enforcement.

The Department of Labor will determine how its data collection mechanisms (e.g., employer accident reporting requirements, Bureau of Labor Statistics surveys, and OSHA and MSHA accident investigations) should be modified to improve the information available regarding the relationship between drug use and accidents in the workplace.

The Administration will archive and disseminate information, research, and evaluation results on treatment, prevention, criminal justice, and research updates through a central clearinghouse so that they are easily accessible and available in one location. The methods by which to achieve a central clearinghouse (such as linked operations, coordinated indices, or combined facilities) will be explored by an interagency task group.

An Intelligence Agenda

- **Provide increased support for intensifying the Treasury Department's existing money-laundering effort.**

- **Create a Federal interagency working group chaired by ONDCP to improve drug intelligence capabilities by uniting U.S. drug-related data and analysis.**

The Office of National Drug Control Policy will chair the working group which will develop a proposal for a strategic drug intelligence center to be included in the February 1, 1990, Strategy.

The first priority of the center will be to bring together the collective information, data, and analytical potential of the participating agencies.

The second priority of the center will be to produce the most comprehensive possible analysis of drug trafficking organizations and their support infrastructure.

The third priority of the center will be to create and maintain a state-of-the-art computer database, employing expert systems and progressive levels of security compartmentalization.

The fourth priority of the center will be to disseminate comprehensive products on drug organizations to appropriate enforcement and intelligence agencies having drug missions.

II. RESOURCE NEEDS

Overview

The nation's drug control program is an integrated system. Changes made to one part of the system have an effect on other parts of the system. Enhanced law enforcement, for example, invariably leads to increased pressure on the courts and prisons. Increased user accountability motivates people to stop their drug use and this leads to more demand for treatment. Emphasis applied to one part of the system increases pressure on another part.

If we are to be successful in our fight against drug use, we must begin to see the drug control program as an integrated system — a single effort with many pieces, an engine with many parts. And just as a car's engine runs well only when dozens of parts are in proper balance

and adjustment, so the drug control program will be most effective when all aspects of it are receiving proper and balanced attention.

For many years, Federal drug control resources have been heavily concentrated on interdiction and investigative operations, and much has been accomplished through these efforts. Arrests are up and seizures are at an all-time high. But it is now time to address all parts of this system. Now the nation must address the overcrowding in our courts and prisons that has resulted from these activities. For years, law enforcement has focused on high-level traffickers and large organizations, but now we must do more to fight street-level crime and make drug users more accountable for their actions. We must do more to stop the growing and processing of drugs before they enter the transportation and distribution networks. And we must do more to reduce the demand for drugs, through effective prevention and education campaigns and a strengthened treatment system.

The Anti-Drug Abuse Act of 1988 requires this report to describe the balance of resources devoted to supply reduction and demand reduction activities. Often, law enforcement resources are viewed entirely as supply reduction in nature and only those resources that are directly spent on education or treatment activities are considered demand reduction. By this definition, the Strategy recommends a 1990 budget that is 73 percent supply reduction and 27 percent demand reduction.

Of course, there are many reasons that supply reduction activities consume such a large portion of the budget: supply reduction activities are inherently expensive (cars, aircraft, and prisons are all very costly), whereas many demand reduction activities rely less on capital outlays and more on community involvement and individual commitment. Getting schools to treat drug use seriously doesn't require a budget line item. Further, many supply reduction activities can only be performed by the Federal government (international activities and interdiction operations, for example), whereas most demand reduction efforts can and should be shared by our schools, churches, and communities.

A supply/demand distinction that looks only at the bottom line of the budget to determine whether our efforts are appropriately balanced is too simplistic and overlooks a very important residual impact of supply side programs. Clearly, many law enforcement activities have a profound impact on demand reduction, and are so intended. When a juvenile is arrested and punished for illegal drug use it sends a message to his friends and schoolmates that will deter them from drug use. When users are held accountable for their actions many people will be persuaded never to try drugs in the first place — or to stop. When street prices for drugs go up, and drug availability declines, then fewer people are likely to seek out drugs and consume them. In other words, a large portion of funding proposed in this report for traditionally understood

"supply reduction" is in fact aimed at reducing demand as well.

This section presents the specific Federal resource levels the Administration believes are necessary for Fiscal Year 1990 to implement the National Drug Control Strategy and begin to bring balance to the funding side of the drug program. In total, the Strategy proposes $7.9 billion for the drug control program in Fiscal Year 1990, a $2.2 billion (39 percent) increase over the current Fiscal Year, and a $3.8 billion (94 percent) increase over the past Fiscal Year. Such large increases attest to the importance this Administration places on the drug problem. These funds will be used entirely for drug control activities.

Drug Resources, Fiscal Year 1990

Budget Authority (Millions of Dollars)

	FY1989 Enacted	Feb 9 Budget FY1990*	Feb 9 Budget Plus Drug Portion of Crime Bill**	Drug Strategy Sep FY1990**	FY89-FY90 % Increase	FY89-FY90 $ Increase
Corrections	734	894	1,601	1,601	118%	867
International	250	306	306	449	80%	199
State and Local Grants	150	150	156	350	133%	200
Judiciary	209	242	250	250	20%	41
Other Law Enforcement	2,779	3,018	3,058	3,113	12%	334
Prevention/Education	943	1,041	1,041	1,176	25%	233
Treatment	604	735	735	925	53%	321
Total	5,669	6,386	7,147	7,864	39%	2,195

Outlays (Millions of Dollars)

	1989 Enacted	Feb 9 Budget 1990*	Feb 9 Budget Plus Drug Portion of Crime Bill**	Drug Strategy Sep 1990**	FY89-FY90 % Increase	FY89-FY90 $ Increase
Corrections	602	734	1,021	1,021	70%	419
International	234	269	269	328	40%	94
State and Local Grants	110	126	128	149	35%	39
Judiciary	188	218	225	225	20%	37
Other Law Enforcement	2,476	2,846	2,874	2,927	18%	451
Prevention/Education	682	949	949	1,001	47%	319
Treatment	524	645	645	705	35%	181
Total	4,816	5,787	6,110	6,355	32%	1,540

* These columns include resources for the U.S. Court and make other minor adjustments to the figures presented in the "Building a Better America" document issued in February, 1989.

** These columns include the "drug portion" ($0.8 billion) of the President's $1.2 billion crime initiative announced in May, 1989. The Administration supports enactment of the crime initiative (The Comprehensive Crime Control Act of 1989) in its entirety.

The drug portion of prison construction is based on the projected share of drug offenders in Federal prison at the time the construction is completed. This new methodology reflects more accurately the likely impact of drug offenses. For consistency with prior years, the historical prison construction numbers have been adjusted to reflect this new methodology.

Funding priorities for Fiscal Year 1990 are to:

- Increase assistance to State and local law enforcement;
- Expand resources for treatment and prevention programs;
- Initiate a major anti-drug campaign in the cocaine source countries;
- Establish order in the nation's public housing projects;
- Build more Federal prisons, expand Federal and State courts and correctional systems, and add more prosecutors;
- Step up efforts against money laundering operations;
- Expand our knowledge base about drugs and how to fight them through more research, data collection, and information-sharing; and
- Provide sufficient resources to operate and maintain our border interdiction system.

The above priorities are expected to continue guiding national strategy in Fiscal Years 1991 and 1992. Additional funding priorities in those years are to:

- Expand inter-agency drug task force operations;
- Augment drug intelligence capabilities;
- Strengthen the presence of the Border Patrol along the Southwest border;
- Help the police get people who are driving while under the influence of drugs off the highways; and
- Reduce the amount of marijuana cultivated on American soil.

In the next National Drug Control Strategy, due February 1, 1990, the Administration will provide specific funding levels for each of these priority programs, and for each agency in the National Drug Control Program, for Fiscal Years 1991, 1992, and 1993. What follows is a summary presentation of selected portions of the drug control program, highlighting funding priorities for Fiscal Year 1990.

State and Local Law Enforcement Assistance

Justice Department

	1989	1990
State and Local Drug Grants	$150 million	$350 million

A sense of order and safety needs to be restored in drug-infested neighborhoods. These grants will provide additional resources to States and localities to increase their emphasis on street-level law enforcement and to make drug users more accountable for their illegal behavior. In addition, funding will be available to assist States and localities in the planning and development of courts and correctional institutions and to pursue alternatives to traditional incarceration, such as boot camps and house arrest. The National Strategy calls for more than a doubling of Federal assistance to State and local criminal justice programs to $350 million, the maximum level authorized under current law for 1990. The administration anticipates a need for increases in Fiscal Years 1991 and 1992. States will be required to match Federal grant money on a dollar-for-dollar basis.

Treatment, Prevention and Research

Department of Health and Human Services

	1989	1990
Prevention	$300 million	$399 million

Additional funds are needed to encourage individuals to stay away from drugs and to help those who have already come under their grip. The goal is not only to expand the availability of these programs, but to improve their efficacy as well. The additional funds for HHS will institute and expand education and prevention activities built upon effective accountability-based policies and containing built-in evaluation components. These funds may be used to stimulate volunteer efforts and will be implemented through community-based programs.

	1989	1990
Treatment	$448 million	$685 million

To assist those who have become dependent upon drugs the Administration is committed to the goal of providing treatment to those who need it. The increase includes additional funds for treatment of pregnant women and "cocaine babies" and funds for demonstration projects to improve the treatment system. Changes to the mechanics of the grant program will also be proposed to allow greater accountability and improve the ability to target funds.

	1989	1990
Research	$192 million	$251 million

The Administration believes that we need to do more to broaden our knowledge base. These increased resources will be used for expanded research and evaluation, improved surveys, and more and better data collection.

Department of Education

	1989	1990
Prevention	$355 million	$392 million

Drugs have no place in our schools. The Education Department will make available a portion of its existing funds to assist in establishing alternative schools for youth with drug problems. It will also use a portion of its funds for anti-drug media outreach activities that focus on crack and the dangers of drug-impaired pregnancy. These activities will be aimed at inner-city youth, dropouts, and youth in small towns and rural areas.

International

	1989	1990
Various Agencies	$250 million	$449 million

The Administration is committed to stepping up pressure on the initial growers, producers, and traffickers of illegal drugs. To that end, additional military, economic, and law enforcement assistance is needed to support international efforts in the cocaine source countries.

Public Housing

Department of Housing and Urban Development

	1989	1990
Prevention Programs and Security Improvements	$8 million	$50 million

These funds will provide assistance to public housing projects with serious drug problems. Funds will be used to rid the premises of drug dealers, to increase security, effect repairs, and restore projects to law-abiding, responsible tenants. In addition, funding will be available for drug prevention activities in the projects.

Federal Prosecutors, Courts, and Prisons

Prosecutors

	1989	1990
U.S. Attorneys	$143 million	$183 million*

Arresting individuals is only the first step in cracking down on drug users and traffickers. A balanced system requires resources for all steps in the criminal justice process. This means additional Federal attorneys are needed to prosecute the increased number of drug cases.

* Note: Includes $46 million derived from the Organized Crime Drug Enforcement account.

Courts

	1989	1990
U.S. Courts	$209 million	$250 million
U.S. Marshals	$126 million	$159 million*

To cope with the growing number of drug defendants that appear before Federal judges, increased resources are also needed for the Federal courts. Additional U.S. Marshals are needed to enforce court orders and track down fugitives.

*Note: Includes $1 million derived from the Organized Crime Drug Enforcement account.

Prisons

	1989	1990
Federal Prison System	$631 mllion	$1.477 billion
Support of Prisoners	$63 million	$86 million

Expanding the number of prison beds available remains a priority. Additional housing is also needed for unsentenced prisoners and pre-trial detainees. These resources are intended to reduce the congestion and overcrowding that now exist in the courts and prisons. The Strategy recommends a sustained build-up of these programs to avoid future gridlock.

Money Laundering

	1989	1990
Various Agencies	$120 million*	$140 million*

Federal investigations of money laundering activities need to be expanded and better coordinated. With these resources, many new money laundering investigations will be opened, depriving drug traffickers of potentially millions of dollars worth of profits.

*Note: These figures reflect best estimates available at time of printing.

Border Control

The Administration is committed to maintaining a strong interdiction force. For the past several years, large capital investments have been made in this area and they have produced a strong deterrent to drug smuggling. Over the next few years the emphasis will shift to bringing on-line those hardware systems currently in the pipeline, improving working relationships among the interdiction agencies, and evaluating the effectiveness of our interdiction program. Areas of vulnerability, such as the Southwest land border, will continue to be strengthened.

The existing resource base for interdiction will be sufficient to complete the hardware systems already under way and to operate them

fully. The Strategy recommends that existing assets and those scheduled to come on line in the near future be used to full advantage, but that no major new interdiction systems be initiated.

	1989	1990
Customs Service	$444 million	$471 million*

Resources for interdiction have increased faster than for any other component of the drug control program, and the Strategy recommends holding the current level relatively constant for the time being while funded assets are deployed and the situation is assessed. Additional resources are recommended for the Customs Service to allow it to increase its money laundering investigations.

*Note: Includes $15 million derived from the Organized Crime Drug Enforcement account.

	1989	1990
Coast Guard	$633 million	$691 million*

The resources recommended for the Coast Guard will allow it to operate at an increased level in 1990.

*Note: Includes $1 million derived from the Organized Crime Drug Enforcement account.

	1989	1990
Department of Defense	$308 Million	$313 Million*

The Strategy recommends that the Defense Department devote a total of $568 million to drug control activities in 1990. This consists of $313 million for border control activities described above, $137 million for the international initiative discussed earlier, and $118 million for drug use prevention and treatment programs for DOD personnel.

At the recommended 1990 level, DOD will use its border control funds for intelligence upgrades, for moving an aerostat from Canaveral to western Florida, for National Guard operations, and for other anti-drug initiatives.

*Note: Does not include DOD funds applied to international drug control.

	1989	1990
Immigration and Naturalization Service	$113 million	$117 million*

The INS is an important part of the Southwest Border interdiction strategy. As the aerostats are installed and become operational, we can expect traffickers to make more use of land crossings from Mexico. Therefore, the Strategy proposes that the presence of the Border Patrol along this portion of our nation's border be strengthened.

*Note: Includes $8 million derived from the Organized Crime Drug Enforcement account.

Drug Task Force Operations

State and Local Task Forces

	1989	1990
DEA	$27 million	$32 million

More can be done with joint Federal/State/local task force operations. These task forces draw on the expertise, resources and manpower of each level of government and have been particularly effective against mid-level traffickers.

Organized Crime Drug Enforcement Task Forces

	1989	1990
Various Agencies	$0*	$215 million

Among the most effective programs currently operating at the Federal level is the Organized Crime Drug Enforcement Task Force (OCDETF) program. This program has proved over time to be an excellent example of interagency cooperation and joint participation toward a common goal: arresting high-level traffickers and dismantling their organizations. This program will be expanded to serve as a model and vehicle for future Federal drug enforcement efforts.

*Note: In Fiscal Year 1989, $196 million was spent on Organized Crime Drug Enforcement activities, but a separate appropriation will not be made for this program until Fiscal Year 1990.

Marijuana Eradication

	1989	1990
Various Agencies	$8 Million	$16 Million

These resources will enable the Federal government, in cooperation with State and local authorities, to reduce the aggregate amount of marijuana cultivated in the United States.

Highway Safety

ONDCP will monitor the National Highway Traffic Safety Administration's pilot program that helps police officers recognize and deal with drivers who are under the influence of drugs. If successful, future Strategies may propose enhanced resources to combat drug-impaired driving.

Other Agency Programs

More than three dozen Federal agencies are involved in drug control activities. Only a portion of these have been specifically addressed in this appendix. The table which follows displays the collective resources for the entire drug control program.

Federal Drug Law Enforcement and Abuse Summary

Budget Authority (Millions of Dollars)

	FY1988 Actual	FY1989 Enacted	FY1990 Strategy Recommendations
Office of National Drug Control Policy	0.0	3.5	12.0
Special Forfeiture Fund	0.0	0.0	136.0
Department of Justice			
DEA	492.5	551.2	624.9
FBI	124.9	135.6	143.0
OCDETF	0.0	0.0	214.9*
Criminal Division	9.4	12.7	11.8
Tax Division	2.2	2.2	1.9
U.S. Attorneys	80.7	143.4	183.0
U.S. Marshalls	91.6	126.4	159.0
Federal Prisons	445.9	630.7	1,476.5
Support of Prisons	53.3	63.4	86.4
INS	70.0	113.2	117.0
Office of Justice Assistance	96.6	182.8	364.8
DOJ Forfeiture Fund	161.0	326.0	337.0
INTERPOL	0.8	1.1	1.1
Inspector General	0.0	0.6	1.2
	1,628.9	2,289.3	3,507.6
Department of Treasury			
Customs	425.8	444.0	471.0
IRS	63.9	68.3	70.0
Bureau of Alcohol, Tobaco and Firearms	8.2	8.8	18.8
Payment to Puerto Rico	7.8	0.0	0.0
	505.7	521.1	559.8
Department of Transportation			
Coast Guard	513.9	632.9	690.7
FAA	6.3	4.3	21.7
NHTSA	0.0	0.4	9.0
	520.2	637.6	721.4
Department of State			
INM	98.8	101.0	115.0
AID	21.8	41.2	43.4
USIA	1.0	1.0	1.0
Other Foreign Assistance	5.1	12.5	34.5
	126.6	155.7	193.9
Department of Agriculture			
Agricultural Research Service	1.3	1.3	1.3
U.S. Forest Service	5.2	5.2	5.3
	6.5	6.5	6.6
Department of the Interior			
Bureau of Land Management	1.5	1.3	6.8
U.S. Park Service	1.2	1.2	7.6
Bureau of Indian Affairs	6.5	6.8	9.9
Fish and Wildlife Service	0.4	0.4	0.4
	9.6	9.7	24.7

Federal Drug Law Enforcement and Abuse Summary (Continued)

Budget Authority (Millions of Dollars)

	FY1988 Actual	FY1989 Enacted	FY1990 Strategy Recommendations
Department of Defense			
Interdiction	94.7	308.3	313.2
International	0.0	0.0	136.8
Prevention and Treatment	105.9	112.0	117.5
	200.6	420.3	567.5
Department of Health and Human Services			
OASH	—	—	300.0
ADAMHA	520.8	890.8	986.0
Indian Health Service	16.2	18.7	18.7
FDA	1.6	6.7	1.8
Other HHS	0.0	30.0	30.0
	538.6	946.2	1,336.5
Department of Housing and Urban Development	0.0	8.0	50.0
Department of Education	229.8	354.5	391.6
Department of Labor	3.1	5.7	3.7
ACTION	5.9	7.9	5.9
White House Conference	2.5	0.0	0.0
Veterans Administration	88.5	93.9	96.5
U.S. Courts	190.4	209.0	249.8
Total Federal Program	$4,056.9	$5,668.9	$7,863.5

* Note: To make the 1990 agency figures comparable to the 1988 and 1989 figures, the resources for the OCDE account have been spread among the eleven agencies that will be receiving funds from this account. Therefore, the $214.9 million is a non-add entry in this table.

Recommended State Legislation

States and localities are already doing many good things in the fight against drugs. They provide the lion's share of resources and many of the best ideas. New Mexico, for example, recently enacted a provision which enables law enforcement officers to issue citations requiring drug offenders to pay fines to the State revenue office. Such provisions, used properly, can provide an additional tool for law enforcement in the fight against drugs.

The Anti-Drug Abuse Act of 1988 contained numerous Federal provisions that might profitably be adapted to State and local purposes. Several such provisions — and other recommended State legislation — are briefly discussed below.

Minimum mandatory sentences for serious drug crime. Criminal sentences should distinguish between serious and non-serious offenses; limited prison space should be reserved for the most serious offenders. Serious crimes deserving stiff, minimum sentences include: drug trafficking, possession of large amounts of drugs, selling drugs to children, and using children to sell drugs.

Alternative sentencing statutes. For first-time, nonviolent offenders, States should expand their use of efficient and effective alternatives to prison, including: boot camps, environmental work crews, community service, house arrest, and other such penalties.

Asset forfeiture laws. Real estate and other property derived from illegal drug transactions, or used to facilitate such transactions, should be subject to confiscation by law enforcement officials. Asset forfeiture laws should sanction both casual users and drug traffickers. They should be written to direct forfeiture proceeds to law enforcement purposes. Laws that permit forfeiture proceeds to revert to general or

non-law-enforcement funding accounts are counterproductive. Asset forfeiture laws should also facilitate "tracing; they should include a legal presumption that assets are derived from a drug enterprise if authorities can show that there is no other likely source of income for their purchase. All asset forfeiture laws should be written to permit the substitution of non-drug related assets for drug-related assets in cases where drug-related assets are beyond the reach of our judicial process.

Schoolyard laws. Modeled after the Federal "schoolyard law," these laws afford special protection for children by creating "drug-free" zones around locations frequented by minors. They establish stiff minimum and mandatory sentences for anyone caught distributing drugs (or possessing drugs with an intent to distribute) within 1000 feet of a school, playground, pool, youth center, or video arcade. Schoolyard laws should also apply to minors selling drugs inside these zones so as to prevent dealers from utilizing underage drug "runners" to circumvent the law.

User accountability laws. States should enact a range of penalties for persons caught using or possessing even small amounts of drugs, among them:

- Suspension of drivers' licenses for 1-5 years.

- Suspension of State benefits (such as student loans, grants, and contracts) for 1-5 years. Exceptions could be made for certain welfare-related benefits, and provision could be made for restoration of all benefits upon completion of a drug rehabilitation program.

- Criminalization of offers, attempts, and solicitations to sell *or* buy drugs. (Such statutes permit law enforcement officers to make drug arrests without consummating a sale or purchase with actual drugs.)

Drug-Free Workplace statutes. All State and municipal employers, including agencies, contractors, and grantees, should be required to take personnel action against employees found to be using drugs, or to be under the influence of drugs at work. Such action could include suspension, termination, or enrollment in a drug treatment program.

Many of the drug control laws noted above are contained in the model Uniform Controlled Substances Act (UCSA) as recently amended. States are encouraged to examine this draft legislation closely and to determine what changes to their existing laws might be appropriate.

States should review their labor laws to ensure that private employers are not legally precluded from implementing drug-testing programs (including pre-employment screening). States should also review their child abuse and child neglect statutes to ensure that drug use by parents or guardians constitutes grounds for action by State family welfare authorities.

In addition, States are encouraged to bolster anti-drug use efforts in the schools by adopting strict policies regarding school staff use or sale of illegal drugs. Teachers or staff who sell or distribute drugs should be subject to severe sanctions. School systems should adopt and implement anti-drug programs which include notifying parents and police when students are found using or distributing illegal drugs, temporary suspension for first offenses, and expulsion for second offenses or for distribution.

State boards and agencies responsible for professional licensing should adopt policies whereby individuals would immediately lose their licenses if convicted for sale or distribution of illegal drugs. These policies should also call for the loss of licenses by individuals who use drugs, with reinstatement only after treatment and monitoring.

Finally, States are encouraged to review their eviction laws to facilitate expeditious eviction of convicted drug users and dealers from public housing, while ensuring all due process protections.

High Intensity Drug Trafficking Areas

Section 1005 of the Anti-Drug Abuse Act of 1988 authorizes the Director of the Office of National Drug Control Policy (ONDCP) — after consultation with the Attorney General, other National Drug Control Program agency heads, and appropriate State governors — to designate "any specified area of the United States as a high intensity drug trafficking area." The statute directs that in designating high intensity drug trafficking areas the Director shall consider the following criteria: 1) the extent to which the area is a center of illegal drug production, manufacturing, importation, or distribution; 2) the extent to which State and local law enforcement agencies have committed resources to respond to the drug trafficking problem in the area, thereby indicating a determination to respond aggressively to the problem; 3) the extent to which drug-related activities in the area are having a harmful impact in other areas of the country; and 4) the extent to which a significant increase in allocation of Federal resources is necessary to respond adequately to drug-related activities in the area. The statute also authorizes development of such supplemental criteria as the Director may deem appropriate, several of which are briefly discussed below.

Since the purpose of a high intensity drug trafficking area designation is "to provide Federal assistance to the area so designated," such potential designations are best made in National Drug Control Strategy submissions to Congress each February, shortly after release of the President's annual budget proposal. The Director of ONDCP possesses statutory authority to provide Federal assistance to designated areas in the budget year in which such designations are made. That authority would permit the Director to reassign Federal personnel on a temporary basis — with the concurrence of the department Secretary or agency head who employs them — to address critical local needs. Program areas and activities that might be supported by such reallocation of Federal resources are also briefly discussed below.

In addition to the designation criteria specified in Section 1005, the Administration intends to analyze a broad range of data concerning each proposed high intensity drug trafficking area. Such data might include: emergency room statistics, local drug prices, gang activity indicators, the length of drug treatment waiting lists, numbers of law enforcement personnel assigned to active drug-related duty, local drug seizures, and rates of drug-related arrests.

In determining whether a proposed high intensity drug trafficking area meets the above criteria, the Administration will evaluate the severity of its drug-related problems — and the extent to which those problems harm other communities around the country — on a sliding scale based, in effect, on existing "national norms."

Jurisdictions designated as high intensity drug trafficking areas will be eligible for Federal support in a range of programmatic areas. Activities which might be supported in a given jurisdiction include:

Criminal Justice Initiatives
- DEA/FBI/State and Local Task Forces
- Intelligence analysis
- Drug testing of arrestees, probationers, and parolees
- Other drug enforcement activities funded by the Bureau of Justice Assistance (BJA)

Drug Treatment Initiatives
- Expansion of treatment facilities

Prevention Initiatives
- Support for organized community and workplace efforts

Public Housing Initiatives
- Waivers of HUD regulations to facilitate evictions
- Establishment of "drug-free" public housing units with picture identifications cards and security fences

Because submission of this first National Drug Control Strategy is required in September — off the Federal budget cycle — no high intensity drug trafficking area designations are now being made. The Administration intends to identify and so designate particular jurisdictions in a subsequent National Drug Control Strategy, consistent with the criteria and procedures outlined above.

Information Management

Success in the war on drugs depends in no small part on having comprehensive information wherever it is needed to make sound policy and operational decisions. The information management challenge is particularly acute given the number and diversity of Federal, State, and local agencies involved in the drug war. It is not only a question of having enough information; it is also a question of making the information that is available, and that will become available, accessible to those who are involved in the fight against drugs.

Except for the small fraction of information in government hands that is sensitive and must be closely held, wider access to drug-related information is essential. Many agencies are involved; each should be aware of the drug problem's full range and complexity — coherent and coordinated policymaking depends on it. Our national policy must be to maximize the sharing and use of relevant information among appropriate government organizations and to minimize impediments to its operational use. All such information sharing must of course be conducted with careful attention to the protection of individual privacy and civil liberties.

Future neccessary information management initiatives fall into two interrelated categories: first, automatic data processing (ADP) and electronic databases; and second, communications systems that provide rapid and secure voice and data communications within and between agencies with drug-related responsibilities. Each of these categories is described and discussed below.

Automatic Data Processing

American businesses have made enormous progress in developing ADP systems which enable them to gain mastery of large amounts of information. From a single terminal it is possible to find out the latest stock quotes, make airline reservations, and review the latest news summaries. These same capabilities and concepts must be applied to the diverse, complex, and often sensitive information handling problems we face in dealing with the drug problem.

Some agencies have made considerable financial commitments to automate their information gathering and processing, and have developed advanced systems to process the increasingly large amounts of information being developed. However, in many agencies, ADP has not competed well against other priorities for resources. In these agencies, ADP is often viewed as less important, or less glamorous, than operational requirements. To some extent a lack of broad technical expertise has limited agency commitment to and use of ADP. Moreover, for a variety of reasons, there has not been the expected degree of "technology transfer" among agencies.

The cumulative result of these shortcomings is that a substantial volume of key drug information is not readily brought to bear in the fight against drug traffickers. This fundamental deficiency must be corrected as matter of high priority. The agencies involved must use sophisticated ADP technology.

The Drug Enforcement Administration (DEA) is the Federal government's primary drug investigation organization, with responsibilities and capabilities that are virtually worldwide in scope. DEA also has primary responsibility for developing foreign narcotics intelligence for use by DEA itself, by the interdiction agencies, and by those responsible for preparing intelligence assessments. DEA has the largest single store of data on drug production and trafficking, with over two million files and a monthly production of over 6,000 reports. Full automation of this massive data, with the application of readily available software systems to permit rapid and comprehensive information support to enforcement and intelligence actions, must take a high priority. In 1987, DEA began planning and budgeting for full office automation and information handling. DEA's ADP plan will be funded, implemented, and expanded. Existing machine intelligence and expert systems developed and used by the Federal Bureau of Investigation (FBI) and Department of Defense will also be adapted to DEA needs where possible and used to maximize the value of DEA's vast data resources.

Once automated, the DEA data base will be made accessible to all agencies with drug-related responsibilities. Of course, subject to appropriate security controls, access to some data — informant identities,

operational methods and plans, and similarly sensitive information — will not be shared. Such security features must be carefully designed into the data base as it is built. But it is anticipated that information sharing will be broader and more extensive, and DEA will automate all aspects of its intelligence/information dissemination to other agencies.

The El Paso Intelligence Center (EPIC), the law enforcement community's all-source tactical narcotics intelligence facility, needs high quality ADP equipment. Though efforts have been made over the years to provide effective, reliable ADP systems, EPIC requires significant financial and technical assistance to bring its ADP systems up to the level necessary for it to meet its stated mission requirements. Upgrading EPIC's ADP posture in the near term is essential to improved support for drug interdiction operations. The Office of National Drug Control Policy (ONDCP), through the ADP working group described later in this appendix, will seek to ensure that appropriate technology and, if necessary, technical assistance are brought to bear.

EPIC, and similar entities such as the Command, Control, Communications, and Intelligence (C3I) facilities and Joint Task Forces in Florida and California, are tactical intelligence centers. And while it is essential that agents in the field have speedy, accurate, and secure connections with these facilities, there need not be the same kind of connections with other agencies that we are discussing here.

Over the past decade, the FBI has moved to the forefront of information handling techniques. Its long history of innovative ADP applications for law enforcement purposes puts the Bureau in a position of leadership in addressing overall drug enforcement ADP standardization and compatibility issues. The FBI is currently developing a dedicated drug data base system to support its investigations and intelligence efforts. The data base will focus on selected drug trafficking organizations and will provide a more organized way to store information related to their structure and operations. This organizational focus is essential. The concept should be expanded to cover other groups, and should be used by other agencies. FBI data must be accessible to other organizations with legitimate drug information needs.

Current and projected efforts described thus far address the problem of automating information handling processes within individual agencies. Success in our counternarcotics efforts requires that we have much more information-sharing or "pooling." Although there are valid legal and source protection concerns, development of integrated or compatable ADP systems can and must be achieved. Two such efforts are currently underway — one is well advanced and functioning, the other a prototype.

A good example of an interagency initiative in ADP applications and information-sharing is the Integrated Border Information System (IBIS). During the past year, the U.S. Customs Service, the Department of

State, and the Immigration and Naturalization Service have established the Treasury Enforcement Communications System (TECS II) as the ADP system for all border-related lookout or suspect information. This single integrated system improves earlier procedures wherein each agency depended on its own ADP system. The IBIS concept is to have each participating agency either use the TECS II system as its primary border-related ADP system, or periodically transfer its own system's records to TECS II. As a result, a single terminal can now access information from several agencies. IBIS development should continue aggressively, ensuring that the information it contains is comprehensive and broadly accessible. ONDCP will work closely with the IBIS steering committee and appropriate agencies to build on the early success of this promising system.

A second approach to information-sharing is the prototype Joint Maritime Information Element (JMIE). JMIE is designed to extract specific types of information from participating agencies' ADP data bases and then locate that information in a central computer for access by a limited number of terminals. JMIE promises greater overall security by pooling information without compromising its sources. The Department of Defense has extensive experience in developing and applying systems to share data while protecting its sources. This experience and technology should be broadly applied to the counternarcotics information handling problem.

As part of the Drug Control Research and Development Committee, ONDCP will establish an interagency ADP working group to conduct a comprehensive review of existing data base systems and sharing efforts. This working group will be composed of law enforcement, defense, and intelligence community representatives, and will be chaired by the FBI. By December 15, 1989, it will prepare and submit an evaluation of existing and potential capabilities and make specific recommendations for both short- and long-term solutions. Based on these recommendations, ONDCP will work with appropriate agencies to ensure implementation of an effective information-sharing process.

Drug prevention and treatment initiatives also need interagency communications and information-sharing. Literally hundreds of government and private sector organizations have programs and services designed to address specific demand-side drug problems or issues. As noted in the research chapter of this report, there is at present no integrated system which captures information on this vast array of programs. Three Federal departments have or plan clearinghouses for drug-related program information: Health and Human Services, Justice, and Housing and Urban Development. Each of these clearinghouses maintains up-to-date information on its own department's programs, and on other Federal, State, and local efforts and private sector programs that produce related results, research findings, or statistical

information. But while these clearinghouses make every attempt to refer appropriate inquiries back and forth among themselves, those who most need drug-related information often have trouble finding answers to their questions. Particularly where local law enforcement and community prevention are concerned, information on effective strategies must be available from a single facility.

The Drug Control Research and Development Committee will ensure that Federal agencies archive and more broadly disseminate all necessary drug-related information, research, and evaluation results. For a further discussion of this issue, see the research chapter of this report.

Communications

Communications systems within and among the numerous Federal agencies involved in drug supply reduction must be fast, efficient, and fully secure. Within agencies, reporting and other communications systems must be automated. For example, as DEA establishes a central automated data base, DEA field offices must begin to report electronically so that new data can enter the system directly — without manual intervention.

During the past year, much work has been done by Federal law enforcement and Defense agencies to develop an integrated anti-drug communications system which ties together their command, operations, and intelligence programs. Many Federal, State, and local cooperative initiatives (like Operation Alliance along the Southwest border) have benefited significantly from Federal communications enhancements. Further integration of Federal drug-related communications systems must be aggressively pursued.

The National Telecommunications Master Plan for Drug Enforcement is a comprehensive plan which identifies broad Federal law enforcement communications requirements. This plan has begun the work of improving interagency communications, but more needs to be done. Future communications initiatives identified in the plan need to be prioritized. Links must be established with State and local authorities. Upgrades must be implemented. An executive agent for the plan should be appointed.

ONDCP will chair the Interagency Working Group on Drug Enforcement Communications, and expand its membership to include State and local representation. The Department of Defense, under the guidance of ONDCP, will be designated as the Executive Agent for the implementation of communications systems necessary to support drug enforcement activities. The Executive Agent will specify the types of equipment and services necessary to satisfy drug enforcement

communications requirements validated by ONDCP. The Executive Agent will also assist Federal agencies and services in obtaining such equipment and will provide technical assistance to non-Federal agencies making acquisitions through State and local governments. Finally, the Executive Agent will monitor drug enforcement communications operations to ensure effective utilization, as requested, by ONDCP.

Acknowledgments

Section 1005 of the Anti-Drug Abuse Act of 1988 requires that, while preparing the President's National Drug Control Strategy, the Director of the Office of National Drug Control Policy (ONDCP) will seek advice from a broad range of sources — in government and out. Specifically, the Act requires the Director to consult with: heads of National Drug Control Program Agencies; Members of Congress; State and local officials; and private citizens with experience and expertise in demand and supply reduction.

Accordingly, ONDCP conducted an extensive outreach effort, soliciting information, assessments, and recommendations on a number of related issues:

- The current, overall effectiveness of various public- and private-sector anti-drug efforts.
- "What works" in individual drug control areas: the criminal justice system; drug treatment; education, workplace, and community action programs; international initiatives; and interdiction initiatives.
- Specific successful local, Statewide, or national drug control programs, strategies, groups, or organizations.
- Goals and avenues for future improvement: changes in emphasis or tactical refinements; necessary new tools and resources; and better coordination and integration of effort across-the-board.
- Strategies for communicating anti-drug and drug-free public information and awareness messages.

- Strategies for generating necessary community support for particular drug control initiatives: treatment center and prison construction; neighborhood watch and police/neighborhood cooperation programs; drug-free public housing campaigns; user accountability mechanisms; and other education and primary prevention efforts.

- Hard data on how drug use begins and spreads; on the size, shape, and scope of the drug problem; on chronological and demographic drug use and drug control trends; and on public opinion and attitudes about drug use and its consequences.

By general category, ONDCP consulted:

All Federal Executive Branch Departments and Agencies. ONDCP staff held formal meetings with officials of all Federal Drug Control Program agencies. Each of these agencies was also regularly consulted for advice and cooperative planning. Additionally, these Drug Control Program agencies were asked to provide material on State and local drug programs and strategies developed in connection with applications for Federal funding.

All 535 Members of Congress.

State and Local Officials and Organizations. ONDCP staff consulted all 50 governors; mayors from representative large, medium-size, and small cities or towns, and other mayors known to have developed community-wide anti-drug policies or programs; State and U.S. territory drug abuse officials in particularly hard-hit areas; selected district and State attorneys; and those national organizations which represent State and local officials.

Other Expert Individuals and Organizations. ONDCP staff met or communicated with leading figures in each major drug-control area; with those organizations which represent them; and with other professional and special organizations whose current or possible future work might have a marked and beneficial effect on the nation's drug epidemic.

Moreover, ONDCP staff conducted a thorough and sweeping review of the available literature on drugs, including all previous Federal drug control strategies, plans, and reports, and other major official and private drug-related documents. The research and authorship of this information base has involved many years of work by many thousands of individuals — abroad and in the United States. Space constraints make specific acknowledgment of all of them impossible, but each has contributed to the understanding of drugs that informs this report.

All ONDCP consultations gave high priority to the identification of existing and potential coordination and cooperation among the myriad individuals, groups, and agencies who must play a part in any successful national campaign against drug use. However worthy or helpful on its own, isolated effort — in local, State, or Federal government; in our law enforcement, treatment, or prevention communities; in families, neighborhoods, schools, churches, businesses, or service organizations across the country — will not be enough. Again, we need a fully integrated and coherent drug strategy. And integration and coherence cannot be established on paper alone. They must be established in practical fact — in the energy and dedication of every involved American, in every area, at every level.

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